Department of Health and Mental Hygiene

Mental Hygiene Administration

FY 2010 ANNUAL STATE MENTAL HEALTH PLAN IMPLEMENTATION REPORT

A CONSUMER – ORIENTED SYSTEM

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December 2010

♦FY 2010 State Mental Health Plan Implementation Report♦

"The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations."

"The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities."

MISSION

The mission of the Mental Hygiene Administration is to promote recovery, resiliency, and health for individuals who have emotional or psychiatric disorders, through publicly-funded services and supports.

THE VISION

There will be a comprehensive and accessible array of coordinated age-appropriate, culturally sensitive public and private services that focus on treatment, behavioral health, support, recovery, and resilience. These services will be developed in collaboration with stakeholders to help empower individuals with mental illnesses to attain the highest level of participation in community life, while striving to achieve their fullest potential.

The vision of our public mental health system is drawn from a statement of fundamental values. The values underpinning this system are:

(1) **BASIC PERSONAL RIGHTS**
Persons with psychiatric disabilities have the same rights and obligations as other citizens of the state. Consumers have the right to choice, to retain the fullest possible control over their own lives, and to have opportunities to be involved in their communities.

(2) **RESPONSIVE SYSTEM**
The Public Mental Health System must be responsive to the people it serves, coherently organized, and accessible to those individuals needing mental health care. Information must be readily available for individuals to enter and proceed through the system in a more appropriate and timely manner and the Public Mental Health System must be linked to other systems as needed to allow for continuity of care. The hospital is one part of the community-based mental health system. The Public Mental Health System must collaborate with other public and private human health service systems in order to facilitate support with all activities of life.

(3) **EMPOWERMENT**
Consumers and families will be involved in decision-making processes, individually at the treatment level and collectively in the planning and operational aspects of the mental health system. An array of services and programs must be available to allow for consumer choice in obtaining and using necessary services. Relevant programs and services that recognize varying cultural, ethnic, and racial needs are imperative.

(4)   *FAMILY AND COMMUNITY SUPPORT*
We must provide families with the assistance they need in order to maintain or enhance the support they give to their family members. We will strive to provide services to persons within their communities with the availability of natural/family supports.

(5)   *LEAST RESTRICTIVE SETTING*
An array of services will be available throughout the state to meet a variety of consumer needs. These services should be provided in the least restrictive, most normative, and most appropriate setting.

(6)   *WORKING COLLABORATIVELY*
Collaborations with other agencies at the state and local level will be fostered so support to consumers is inclusive of all activities of life. This will promote a consistently acceptable level of mental health services.

(7)   *EFFECTIVE MANAGEMENT AND ACCOUNTABILITY*
Accountability is essential to consistently provide an acceptable level of mental health services. Essential management functions include monitoring and self-evaluation, responding rapidly to identified weaknesses in the system, adapting to changing needs, and improving technology. We must put the highest priority on measuring consumer satisfaction with the services they receive. Outcome measures will be a key component for evaluating program effectiveness.

(8)   *LOCAL GOVERNANCE*
Local management of resources, resulting from the implementation of Core Service Agencies, will improve continuity of care, provide needed services in a timelier manner, improve the congruence of services and resources with needs, and increase economic efficiency due to the closer proximity of the service delivery level.

(9)   *STAFF RESOURCES*
The presence of a competent and committed staff is essential for the provision of an acceptable level of mental health services. Staff must be provided with adequate support systems and incentives to enable them to focus their efforts on the individuals who receive care from them. Opportunities must be provided for skill enhancement training or retraining as changes in the service system take place.

(10)   *COMMUNITY EDUCATION*
Early identification and prevention activities for risk groups of all ages, public education, and efforts that support families and communities must be incorporated into our service system. Increased acceptance and support for mental health services comes from increased awareness and understanding of psychiatric disorders and treatment options.

SYSTEM GOALS
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These Mental Hygiene Administration (MHA) goals, objectives, and strategies are a result of the collaborative efforts related to the implementation of the federal Mental Health Transformation State Incentive Grant (MHT-SIG), existing interagency cooperation, and public and private partnerships. These alliances have been strengthened and new partnerships formed to further build upon the infrastructure, coordinate care, and improve service systems. Mental health transformation efforts and activities have fostered the implementation of increased opportunities for public education; awareness; training of consumer, families, and mental health professionals; support of employment; self-directed care; and affordable housing options. Advancement will be effectively amplified through the support of Web-based technology that increases awareness and linkages to services; promotes wellness, prevention, and diversion activities; and enhances efforts in cultural competency, evidence-based and promising practices. These advancements are infused throughout the MHA State Mental Health Plan for children, adolescents, and adults. Recognizing the current fiscal environment, MHA strategies involve effective and efficient collaborations to identify and support sustainability of transformation gains that promote recovery, resiliency, and health care reform.

Goal I: Marylanders Understand that Mental Health is Essential to Overall Health.

Objective 1.1. The Mental Hygiene Administration (MHA), in collaboration with the Core Service Agencies (CSAs), will continue to work with the mental health community to initiate educational activities and disseminate to the general public current information related to psychiatric disorders, prevention mechanisms, treatment services, and supports.

Mental Health Block Grant – Criterion #1

(1-1A)   Adult & Child

MHA, in collaboration with the Department of Health and Mental Hygiene (DHMH), the Mental Health Transformation Office (MHTO), and local and national advocacy organizations, will adapt the Mental Health First Aid (MHFA) curriculum to further implementation of the MHFA initiative for adults in Maryland.

Indicator: Mental Health First Aid Participant Manual and Teaching Notes (adapted for adults) published, distributed and promoted, trainings promoted and implemented statewide

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Cynthia Petion and Carole Frank, Office of Planning, Evaluation, and Training; Daryl Plevy, MHTO; DHMH; Mental Health Association of Maryland (MHAMD); Maryland Coalition of Families for Children's Mental Health; On Our Own of Maryland; other mental health advocacy groups

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director, Daryl Plevy, MHTO

FY 2010 activities and status as of 06/30/10 (final report):
MHFA, a 12-hour course that teaches lay people methods of assisting someone who may be in the early stages of developing a mental health problem or in a mental health crisis situation, continued to expand in FY 2010. Working closely with its partners, the Missouri Department of Mental Health and the National Council for Community Behavioral Healthcare as well as Maryland advocacy organizations, the MHTO completed adaptation of the MHFA manual and teaching notes for American audiences. (The original editions of these documents were prepared for Australian audiences.) The United States versions of the manual and teaching notes were published in October 2009 and are being distributed nationally by the Mental Health Association of Maryland.

The manual and teaching notes are intended to address the needs of adults who experience mental health crises or emergencies. A manual for youth is being developed by the partners for FY 2011 or 2012.

More than 18,000 copies of the manual and more than 490 instructor teaching kits have been produced and distributed nationally. In Maryland, more than 140 trainings have been held for a variety of audiences with 2,554 people trained in Mental Health First Aid. (In FY 2010 alone, 74 trainings were held and 1,371 Marylanders were trained.) In addition, 82 certified instructors have been trained. Conference calls are held monthly among members of the MHFA Advisory Committee and the MHFA National Executive Committee meets quarterly. An evaluation of the MHFA program will be conducted by the University of Maryland.

Maryland's leadership in adapting MHFA for the American public has resulted in expressions of interest from a number of other states. It is expected that trainings in Maryland will continue into the next fiscal year. The program will be sustained through course fees, sales of manuals, and grants.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1
(1-1B)   Adult & Child
MHA, in collaboration with Core Service Agencies (CSAs), will continue to provide support, funding, and ongoing consultation to Maryland's mental health advocacy groups to promote and implement a series of public education and training activities to increase awareness of mental illness; mental health issues; and recovery and resiliency among children, youth, and adults.
Indicator: Activities include:
- Maryland Coalition of Families for Children's Mental Health and Mental Health Association of Maryland's (MHAMD) Children's Mental Health Awareness Campaign – *Children's Mental Health Matters*; number of public service announcements aired; volume of literature disseminated; and other outreach activities implemented
- National Alliance on Mental Illness (NAMI MD) – NAMI WALK, Family-to-Family, and other education programs
- On Our Own Maryland, Inc.(OOOMD) – Anti-Stigma Project workshops facilitated
- Promotion and usage of Network of Care
- MHAMD outreach campaign for older adults

Involved Parties: John Hammond, MHA Office of Public Relations; Al Zachik, MHA Office of Child and Adolescent Services; James Chambers, MHA, Adult Services; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; MHA Office of Consumer Affairs; appropriate MHA staff; Core Service Agencies (CSAs); Maryland Coalition of Families for Children's Mental Health; MHAMD; NAMI MD; OOOMD; community providers
MHA Monitor: John Hammond, MHA Office of Public Relations; Al Zachik, MHA Office of Child and Adolescent Services and Cynthia Petion, MHA Office of Planning, Evaluation, and Training

FY 2010 activities and status as of 06/30/10 (final report):
This year the Maryland Coalition of Families for Children's Mental Health continued the partnership with MHAMD to extend the well received *Children's Mental Health Matters* awareness campaign. Public service announcements (PSAs) were once again aired and campaign kits/tools including awareness ribbons, bracelets, posters, and brochures were shared with the public through campaign collaborators and the CSAs. This year more than 40 organizational partners signed on to the campaign. The campaign was nationally recognized having received three awards in 2010 at the Georgetown University National Training Institute. Both the PSAs and interviews with First Lady Katie O'Malley and MHA's Director of the Office of Child and Adolescent Services, which aired on a local station, can be viewed at the campaign's Web site www.childrensmentalhealthmatters.org . Other media partners were included. This campaign will also be featured on participating media Web sites.

MHA works with NAMI MD and other stakeholders to support NAMIWALKS, a successful kick-off event for promoting *MAY MENTAL HEALTH MONTH.* Representatives from MHA attended meetings and advance events to promote and launch the May 1st 2010 NAMIWALKS. This year, two walks were held by NAMI on the same day. One took place in Baltimore City, which accommodated approximately 1,000 people and the other in College Park, which hosted 600 participants. The awareness walk is designed to highlight the importance of education, advocacy, and support for persons diagnosed with a serious mental illness and their families. This event also helps reduce stigma often associated with mental illness by providing an opportunity for positive interactions and networking.

The National Alliance on Mental Illness' peer and family support education programs offer participants statewide a wealth of information and materials on a range of serious mental illnesses; current research, treatment, medications and side effects; strategies for emotional and practical support; tools for effective advocacy with mental health care and recovery support providers; and workshops on problem solving and communications skills. In FY 2010, 183 participants completed the Family-to-Family Education Programs and 106 participants completed the Peer-to-Peer Education Program.

Maryland's efforts to fight stigma within the mental health system through the Anti-Stigma Project (ASP) continues. In FY 2010, the ASP trained 1,174 participants in 61 workshops, throughout the state, in a wide spectrum of venues such as psychiatric rehabilitation programs, housing authorities, homeless shelters, statewide conferences, and universities. A new workshop has been added on internalized stigma titled, *An Inside Look at Stigma.* One hundred and fifty consumers participated in this workshop and learned to identify or create possible solutions to internalized stigma. Another workshop on creating non-stigmatizing environments and policies is in the process of being developed and

should be ready to pilot in FY 2011. Additionally, work is continuing with an international researcher to scientifically evaluate the program's effectiveness in changing beliefs about mental illness and recovery. Results from the evaluation will allow OOOMD to enhance this dynamic program and continue training across the country.

The Maryland Network of Care for Behavioral Health continues to enhance Maryland residents' ability to access consumer driven and recovery oriented information regarding available mental health services. All of Maryland's 24 jurisdictions now have access to information and resources in their communities. The Maryland Network of Care for Behavioral Health has recorded 294,006 sessions from its May 30, 2008 launch date through August 31, 2009. In FY 2010, MHA collaborated with the Mental Health Transformation Office (MHTO) and CSAs, to improve implementation and expand training on Network of Care. Improved outcomes include purchase and installation throughout Maryland of Web-based platform, tracking of site usage, improved user friendliness, more widely-informed mental health community regarding availability of the Web system, and training of consumers in the utilization of personal health record features and in the use of individual advance directives.

In collaboration with the Johns Hopkins Geriatric Education Center and the Blaustein Foundation, the Older Adult Program Director of the Mental Health Association of Maryland (MHAMD) provided direct education to more than 1,700 individuals through 38 programs and presentations. Highlights include:

- Educational seminars were presented at senior expos, conferences, gerontology, and adult learning classes on subjects such as caregiver stress, aging and mental health, Alzheimer's, Mental Health Advance Directives, and late life substance use.
- MHAMD has trained and certified more than 150 professionals (52 in the past fiscal year) to deliver mental health and aging education to assisted living providers. Through that network, more than 2,000 assisted living staff have received education according to the MHAMD curriculum in accordance with COMAR training requirements.
- More than 10,000 copies of the third printing of the Mental Health and Aging Guidebook have been distributed. This remains the most downloaded document on the mental health and aging Web site. www.mdaging.org.

Additionally, information is being shared via a mental health and aging "Learning Community" which is an e-mail network comprised of mental health service providers, researchers, advocates, consumers, and public agencies.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5
(1-1C)   Adult & Child
Maintain and update disaster mental health response plans including MHA,
Alcohol and Drug Abuse Administration (ADAA), and Core Service Agency
(CSA) All-Hazards plans; provide disaster behavioral health and related disaster
training for Department of Health and Mental Hygiene (DHMH) staff and for
local volunteers; support the Maryland Professional Volunteers Corps Program
through the provision of disaster behavioral health and National Incident
Management System/Incident Command System (NIMS/ICS) training and
technical assistance (TA); integrate disaster preparedness and behavioral health
into the Wellness and Recovery Action Plan (WRAP) training for consumer-run
Wellness and Recovery Centers statewide; provide TA to emergency management
and public health on disaster behavioral health.
Indicators:
- MHA, CSA, and ADAA All-Hazards Plans updated
- Statewide trainings provided in-person and through Webinars

Involved Parties: Marian Bland, Laura Copland and Tom Franz, MHA Office of
          Special Needs Populations; Arlene Stephenson, MHA, Deputy Director
          for Facilities Management and Administrative Operations; Clarissa Netter,
          MHA Office of Consumer Affairs; DHMH; CSAs; state facilities;
          OOOMD; consumer Wellness and Recovery Centers; ADAA; Maryland
          Emergency Management Administration leadership and staff; Maryland
          Crisis Hotline Directors; local crisis response systems; advocacy
          organizations; faith community leadership; federal Center for Mental
          Health Services (CMHS)
MHA Monitor: Laura Copland, MHA Office of Special Needs Populations

FY 2010 activities and status as of 06/30/10 (final report):
CSA All-Hazard Plans have been reviewed and updated. MHA's All-Hazards
Plan was updated and approved in June 2010. MHA continues to work with
ADAA and other administrations to provide behavioral health representation at
DHMH's Emergency Preparedness Management meetings and participates in
table top drills and exercises. The Incident Command Chart is maintained and
NIMS/ICS training for Incident Command Team has been completed.
Additionally, MHA's Office of Special Needs Populations continues to provide
the Maryland Professional Volunteers Corps Program with technical assistance on
matters related to behavioral health planning and implementation.

The Behavioral Health Disaster Services of the MHA Office of the Special Needs
Populations, in collaboration with the Office of Consumer Affairs (OCA),
provided three, three-hour regional disaster preparedness seminars in spring 2010;
one each in the Eastern, Western, and Southern Regions. A curriculum, based on
OCA survey results, was developed on disaster behavioral health specific to
consumers' needs. The regional, three-hour sessions and resource materials were
designed to generate sustainable action plans for Wellness & Recovery Centers

with regard to disaster preparedness, response, recovery, and mitigation. A total of 54 individuals attended these sessions and are now able to provide local trainings to staff and consumers. Participants in attendance included Wellness & Recovery Center directors, board members and consumers, local NAMI representatives, and CSA personnel.

Strategy Accomplishment:
This strategy was achieved.

                                                     Mental Health Block Grant – Criterion #5
(1-1D)   Adult & Child
Based on a requirement for DHMH as a federal grant receiving agency and on instructions from the Governor's Chief of Staff, MHA will have an all-hazards approach to emergency preparedness and response for MHA as an administration (including facilities) and for the mental health community at large.
Indicators: National Incident Management System (NIMS) developed, Incident
        Command Chart developed and maintained, NIMS/ICS training for
        Incident Command Team completed, All-Hazards Disaster Mental Health
        Plan developed, Continuity of Operations Plan (COOP) for Pandemics and
        a general COOP plan developed
Involved Parties: Marian Bland, MHA Office of Special Needs Populations;
        Arlene Stephenson, MHA Office of the Deputy Director of Facilities
        Management and Administrative Operations; Gail Wowk, MHA
        Emergency Preparedness; Facilities CEOs
MHA Monitor: Marian Bland, MHA Office of Special Needs Populations

FY 2010 activities and status as of 06/30/10 (final report):
Collaboration between MHA and other DHMH administrations resulted in completion of the All-Hazards Mental Health Plan and Continuity of Operations Plan (COOP); both General and Pandemic. The MHA All-Hazards Disaster Mental Health Plan has been reviewed and revised to reflect current relevant information such as changes in personnel and resources. A plan for drills and for exercising the All-Hazards Plan has been submitted for approval. National Incident Management System/Incident Command System (NIMS/ICS) training has been completed by all MHA essential personnel according to the Federal Emergency Management Administration (FEMA) requirements. The ICS Chart is included in both the All Hazards Plan and the COOP.

The Office of Special Needs Populations hosted the Fourth Annual Disaster Behavioral Health Summit in Annapolis. The Summit theme, *Coping with H1N1 - Integration of Behavioral Health and Public Health in Disasters,* brought together more than 70 behavioral health and public health representatives from 10 states and from the majority of Maryland's jurisdictions to build regional and cross-border relationships, examine integrated "best practices", and strengthen preparedness and response capabilities for an H1N1 pandemic outbreak.

Additionally, in January 2010, MHA and DHMH's Behavioral Health Disaster Services unit presented two, three-day trainings to Department of Human Resources personnel on disaster behavioral health skills, including disaster reactions and responses; psychological first aid; and the importance of self care before, during, and after an incident.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1
(1-1E)   Adult
In collaboration with DHMH and through Regional Resource Coordinators, continue implementation of Maryland's Commitment to Veterans Initiative to improve initial access to behavioral health care services provided through the United States Department of Veterans Affairs or Maryland's Public Mental Health System (PMHS) and expedite timely referrals for veterans returning from Iraq and Afghanistan.

Indicators: Activities include:
- Assistance provided to access crisis and emergency services, mental health and substance abuse services; information given on Veterans' Administration (VA) benefits and community resources
- Data on Veterans Initiative monitored and reported
- Network of Care link to Veterans information maintained and utilization monitored as needed
- MHA participation on the Veterans Behavioral Health Advisory Board.

Involved Parties: Marian Bland and Laura Copland, MHA Office of Special Needs Populations; Maryland Lieutenant Governor Anthony Brown; John Colmers, DHMH Office of the Secretary; Brian Hepburn, MHA, Office of the Executive Director; Pro Bono Counseling Project; U.S. Department of Veterans Affairs; Maryland Department of Veterans Affairs; Maryland National Guard; Maryland Defense Force; Veterans Behavioral Health Advisory Board; advocacy organizations, including Montgomery and Prince George's counties

MHA Monitor: Marian Bland, MHA Office of Special Needs Population

FY 2010 activities and status as of 06/30/10 (final report):
MHA's Office of Special Needs Populations sponsored two *Maryland's Commitment to Veterans* trainings in October. The largest amount of attendees were Public Mental Health System (PMHS) clinicians who are currently working with, or have a desire to work with, service members and veterans who have returned from combat duty and their family members. Topics included military cultural competence, post traumatic stress disorder, traumatic brain injury, and substance abuse issues. In addition, a 14-page resource directory, recently developed by *Maryland's Commitment to Veterans*, was distributed to all attendees.

The Network of Care module, designed for veterans, service members and their families, continues to expand in both content and functionality. Among the latest additions are special sections which identify all Department of Defense, National Guard, and Department of Veterans Affairs programs by jurisdiction; a new section of educational videos; a section related to children and families; and an acclaimed Parents Guide, which addresses areas such as childhood growth and development, child care, and family well-being.

The Veterans Behavioral Health Advisory Board Interim Report, due December, 2009, was submitted and incorporated activities, findings, and action steps for the coming year. Recommendations included an analysis of the behavioral health needs of veterans and families, research of available data of veterans who are homeless, identification of barriers to accessing services, identification of gaps in services, identification of training needs, and facilitation of collaboration among the appropriate entities who serve veterans and their families. Scope of services was increased to include service members and their families in all areas of the state. Beginning in November 2009, DHMH began monitoring this initiative. However, MHA's Office of Special Needs Populations continues to staff the Maryland Commitment to Veterans – Children, Family, and Special Populations subcommittee of the Veterans Behavioral Health Advisory Board. The Advisory Board is working on the final report due December 2010. Information on numbers served is available through this initiative. Data regarding veterans served specifically through the PMHS will be further explored.

Strategy Accomplishment:
This strategy was achieved.

Objective 1.2. MHA, in collaboration with CSAs, the administrative services organization (ASO), managed care organizations (MCOs), health care providers, and other administrations and agencies, will continue to develop mechanisms to promote health and wellness across the lifespan.

Mental Health Block Grant – Criterion #1

(1-2A)   Adult & Child

In collaboration with the administrative services organization (ASO), managed care organizations (MCOs), and Alcohol and Drug Abuse Administration (ADAA), work to improve: access to services for co-occurring disorders (mental health and substance abuse), coordination of care between somatic and behavioral health, and utilization of existing service delivery systems across agencies and organizations.

Indicator: Utilization of existing interagency data to facilitate coordination of care i.e. pharmacy data access to registered public health providers through the ASO Web site, coordination monitored through compliance activities, providers trained on shared information system, integration of mental health and total wellness plan by mental health providers

Involved Parties: Gayle Jordan-Randolph and Jean Smith, MHA Office of the Clinical Director; DHMH Deputy Secretary for Behavioral Health and Disabilities, MHA Office of Compliance and Risk Management; MHA Coordination of Care Committee; ADAA, MCOs; Medical Assistance-Office of Health Services; ASO

MHA Monitor: Gayle Jordan-Randolph, MHA Office of the Clinical Director

FY 2010 activities and status as of 06/30/10 (final report):
MHA's ASO has developed a process to allow psychiatrists in the PMHS to view behavioral health prescriptions filled in their patients' names. Additionally, the HealthChoice MCOs receive access to the same data in two ways:

- Through monthly data "drops" via the Medicaid's pharmacy administrative organization; or
- Via PharmaConnect, a database that gives physicians access to prescription records, through MHA's ASO

A list-serve for community mental health directors has been formed, through MHA's Office of the Clinical Director, to enhance communication, access research, and identify needs across the system in a timely manner. This Committee of Community Mental Health Directors meets monthly to establish an ongoing means of communication and support between the leadership of MHA and the medical leadership of the community outpatient mental health centers (OMHCs) and to support the continued development of comprehensive outpatient mental health treatment options and coordination/integration of behavioral health, substance abuse, and primary health care.

A Community Clinical subcommittee of the Community Medical Directors Committee was formed in FY 2010. On its priority agenda is the establishment of mechanisms to address issues relating to recovery from the psychiatrist's point-of-view.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5

(1-2B)   Adult & Child

In collaboration with the University of Maryland's Research, Education and Clinical Center and the Maryland Child and Adolescent Mental Health Institute, implement best practices in psychiatry to address reduction of negative side effects of medication, prevention of obesity, and reduction in morbidity and mortality rates for adults, adolescents, and children with serious mental illness or serious emotional disorder.

Indicator: Pilot projects with MCOs, ADAA, and the University of Maryland Memorandum Of Understanding (MOU) extended to collect and study data on issues of morbidity within a selected group of individuals in Baltimore City, study of risk factors within a selected group of foster children, sharing of survey results from Public Mental Health System (PMHS) providers

Involved Parties: Gayle Jordan-Randolph, MHA Office of the Clinical Director; Al Zachik, MHA Office of Child and Adolescent Services; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; MHA Office of Consumer Affairs; other MHA staff; the University of Maryland, Community Psychiatry Division; the Maryland Child and Adolescent Mental Health Institute; the University of Maryland; Department of Human Resources; CSAs; MHA Coordination of Care Committee; the Maryland State Department of Education (MSDE); NAMI MD; OOOMD; Maryland Coalition of Families for Children's Mental Health; Community Behavioral Health Association of Maryland (CBH); and other interested parties

MHA Monitor: Gayle Jordan-Randolph, MHA Office of the Clinical Director and Al Zachik, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
In FY 2010, the data collection phase is in its final stages for a pilot integrated care management program to improve coordination of care between somatic and behavioral health. Additional cost-related data had been requested and the provisional data is awaiting validation. In FY 2011 it is expected that this data will indicate the clinical and financial impact of the adherence to wellness and recovery principles in the integration of care model of service delivery.

Also in FY 2010, a project to address the concern about appropriate use of psycho-pharmacological medication for children and adolescents, especially those in out-of-home placements, has been developed and put into effect in collaboration with the Johns Hopkins University School of Medicine and the University of Maryland. This research is currently in progress to determine current practice and assure appropriate prescribing patterns for youth in the foster care and juvenile justice systems in Baltimore City. Results will be available during FY 2011.

Strategy Accomplishment:
This strategy was partially achieved.

Mental Health Block Grant – Criterion #1
(1-2C)   Adult & Child
Collaborate with consumers, providers, and other mental health stakeholders to promote and implement the smoking cessation initiatives at all levels in the Public Mental Health System to reduce mortality rates.
Indicator: Utilization of tool kits and techniques to plan cessation initiatives in state facilities and community programs; smoking cessation implemented
Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; MHA Office of Adult Services; MHA Office of Child and Adolescent Services; Other MHA staff; Community Behavioral Health Association of Maryland (CBH)
MHA Monitor: Brian Hepburn, MHA Office of the Executive Director and Gayle Jordan–Randolph, MHA Office of the Clinical Director

FY 2010 activities and status as of 06/30/10 (final report):
Building on MHA's recent initiative to make all of its facilities tobacco-free, a new Smoking Cessation Committee, consisting of approximately 15 people who represent MHA, DHMH, consumers, CSAs, and the Maryland QUIT Center of the University of Maryland, Baltimore County (UMBC), was convened to develop a broad range of strategies and projects to reduce and eliminate smoking among consumers in the PMHS. Its work is related to recent research demonstrating that mental health consumers die on average 25 years younger than others, largely because of the prevalence of modifiable risk behaviors such as smoking.

Over the course of FY 2010, MHA:
- Received input from two highly effective consumer-driven groups (Lower Shore Friends and Silver Spring Drop-in Center) on their peer-to-peer tobacco cessation programs. Both programs are focusing on peer specialists as the best strategy, and potential promising practice, for tobacco cessation or reduction among consumers

- Contracted with the Maryland QUIT Center of UMBC to become a full partner in the work of the committee, providing access to the latest data on smoking trends among multiple demographic groups and information on topics of current interest, e.g. Federal Drug Administration (FDA) involvement in the regulation of tobacco. Access to Maryland Quit resources shared such as community trainings, DVDs, on-line assistance, and help lines.
- Initiated work on a model of community ownership/peer-specialist partnership that can be shared with CSAs across Maryland

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1

(1-2D)   Adult & Child
Improve communication and efforts with primary care and mental health care providers to promote coordination of care in the delivery of services to individuals with mental illnesses.

Indicator: MHA, CSAs and PMHS stakeholders participation in policy development; in collaboration with state leadership health care reform priorities identified; public education supported leading to enactment of health care reform

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Gayle Jordon-Randolph, MHA Office of the Clinical Director; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Cynthia Petion, Office of Planning, Evaluation, and Training; Daryl Plevy, MHTO; DHMH; Mental Health Association of Maryland (MHAMD); On Our Own of Maryland; other mental health advocacy groups

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director, and Gayle Jordon-Randolph, MHA Office of the Clinical Director

FY 2010 activities and status as of 06/30/10 (final report):
On March 23, 2010, federal legislation enacted the Patient Protection and Affordable Care Act (PPACA), also referred to as the Affordable Care Act. Immediately following its enactment, Maryland Governor Martin O'Malley signed Executive Order 01.01.02010.07, creating the Health Care Reform Coordinating Council (HCRCC) to coordinate Maryland's response to PPACA. The role of the HCRCC is to ensure that Maryland implements federal health care reform, thoughtfully and collaboratively across agencies and all branches of government, with meaningful participation of the health care community and other private sector stakeholders[1].

MHA has begun internal communication activities on Health Care Reform as well as participated in information sharing with Core Service Agency (CSA) directors,

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[1] Maryland Health Care Reform Coordinating Council, Interim Report, July 26, 2010

advocacy groups and other Public Mental Health System (PMHS) stakeholders. On April 29, 2010, MHA's held its annual Stakeholders' Plan Development meeting for the development of the FY 2011 State Mental Health Plan. Efforts were facilitated to support discussion around SAMHSA's Strategic Initiatives which guide the federal response to health care reform.

Under the leadership of MHA's Office of the Clinical Director, a list-serve for community mental health medical directors has been formed to enhance communication, access to research and identify needs across the system. This consortium of directors meets bi-monthly to establish an ongoing means of communication and support between the leadership of MHA and the medical leadership of the community outpatient mental health centers (OMHCs). Discussions include efforts to improve outpatient mental health treatment options and coordination/integration of behavioral health, substance abuse issues, and primary health care.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1
(1-2E)   Adult & Child
Continue to interface with other agencies and administrations to support a comprehensive system of mental health, somatic health, substance abuse, and other services and community supports. The following is a listing of the agencies with which a liaison is maintained and the responsible MHA monitor.
Indicator: Maintain liaison with other agencies, participate on joint projects as specified

FY 2010 activities and status as of 06/30/10 (final report):

Examples of interface with other agencies include, but are not limited to, the following:

- **Maryland Department of Disabilities (MDOD)**, Brian Hepburn, Monitor – MHA continues to collaborate with MDOD in the development and implementation of cross-agency initiatives involving Money Follows the Person, transition-age youth, affordable housing, and assessment of individuals with long-term hospital length of stays. Additionally, MHA and MDOD collaborate to facilitate outreach to Employed Individuals with Disabilities (EID) applicants and identify action steps to promote affordable housing efforts throughout the state via the MDOD Housing Task Force. The Interagency Disabilities Board is charged with continuously developing recommendations; evaluating funding and services for individuals with disabilities; identifying performance measures; and working with the Secretary of MDOD to create a seamless, effective, and coordinated delivery system. This Department is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Governor's Office for Children (GOC),** Albert Zachik, Tom Merrick, and Marcia Andersen, Monitors – GOC and MHA are active partners in implementing the Wraparound and Psychiatric Residential Treatment Facility (PRTF) Waiver initiative for Maryland. The office coordinates inter-governmental efforts for service delivery planning for children with special needs. The Children's Cabinet Interagency Plan is monitored each year and intersects with MHA's ongoing planning processes.

- **Governor's Office of Deaf and Hard of Hearing (ODHH),** Marian Bland, Monitor – MHA's Director of the Office of Special Needs Populations continues to interface with ODHH by serving as DHMH's representative on the Maryland Advisory Council for Deaf and Hard of Hearing, participating in the behavioral health subcommittee meetings, and collaborating to address consumer and/or system related issues.

- **Maryland State Department of Education (MSDE),** Albert Zachik, Cyntrice Bellamy, and Joyce Pollard, Monitors – MHA meets monthly with the Assistant Superintendent for Special Education at MSDE to collaborate on mutual concerns involving the mental health needs of children in school and early childhood settings, and to discuss concerns regarding a data system finalization for early childhood services. A special effort on the needs of students with emotional disability was completed this year and a report will be published this fall. Collaborative efforts continue regarding the Maryland Mental Health Workforce Initiative. Curriculum modules for mental health professionals are now in the process of being developed by the University of Maryland Innovations Institute. Mental health competencies for educators are in the process of being developed to assist educators to work with children with mental health needs in schools. MHA continues to collaborate with MSDE to develop and enhance behavioral health programs for students in need of services throughout the state. MHA is currently represented on the State Interagency Coordinating Council (SICC); Early Childhood Mental Health Consultation Leadership Group; and the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Planning Committee. This Department is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Division of Rehabilitation Services (DORS),** James Chambers and Steve Reeder, Monitors – Joint efforts included implementation of the Evidence-Based Practice model of supported employment (SE) that establishes a single point of entry for SE services in the MHA's and DORS' systems, and allows for the dissemination of shared data and outcomes. MHA and DORS executive leadership teams have met frequently over the course of the year to explore interim and long-term strategies for reconciling gaps in vocational rehabilitation funding in an effort to preserve the viability of SE services within the PMHS and to sustain the gains in cross-systems integration. This agency is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Department of Human Resources (DHR)**, Lissa Abrams, Marian Bland, and Albert Zachik, Monitors – MHA's Office of Special Needs Populations continued to interface with DHR by chairing the state's Supplemental Social Security, Outreach, Access, and Recovery (SOAR) Planning Workgroup (which includes representation from DHR), providing SOAR training, participating in the Homeless Management Information Systems State Collaborative meetings, and gathering data on homelessness in Maryland. MHA maintains strong liaison with the Social Services Administration and Maryland's child welfare agency for a number of special projects and all matters related to serving foster care children. This Department is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Department of Housing and Community Development (DHCD)**, Penny Scrivens and Marian Bland, Monitors – The MHA Housing Coordinator monitors legislation at the federal and state level that provides funding for the Affordable Housing Trust. This effort has the capacity to develop rental subsidy programs such as the Bridge Subsidy Pilot implemented by DHCD and MHA from 2006-2010. MHA's Office of Special Needs Populations coordinates with DHCD to obtain certifications for consistency with the Consolidated Plan in order to apply for funding through the Housing and Urban Development (HUD) Continuum of Care. Additionally, MHA's Office of Special Needs Populations provides technical assistance to DHCD with completing the homeless section for DHCD's Annual Caper Report to HUD. MHA participates on DCHD's applicant review panel for agencies seeking emergency and transitional funding. This Department is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Maryland Department on Aging (MDoA),** James Chambers and Marge Mulcare, Monitors – MHA and MDoA collaborate to facilitate efforts regarding the linkages of services for older adults. Representatives from MHA, MDoA, MHAMD, and others participated in the development process of a conference, convened in FY 2010, which addressed aging and mental health. MHA is partnering with the MDoA as it begins the implementation of its program on "Disease Self-Management." MHA provides training, consultation, and assistance in fostering interagency connections between the local areas on aging and the CSAs; specifically in identifying older adult participants eligible to receive services through the PMHS. This Department is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Department of Public Safety and Correctional Services (DPSCS),** Larry Fitch and Marian Bland, Monitors – MHA liaisons with DPSCS regarding individuals who require civil certification to MHA facilities and who hold the status of mandatory release and who present complex cases. The Director of MHA Office of Forensic Services (OFS) co-chairs the quarterly meetings of the Interagency Forensic Services Committee of the Maryland Advisory Council on Mental Hygiene/Planning Council, with members representing DPSCS, the courts, Alcohol and Drug Abuse Administration (ADAA), and Developmental

Disabilities Administration (DDA). MHA's Office of Special Needs Populations meets at least monthly with DPSCS, the Mental Health/Substance Abuse subcommittee, and the Maryland Correctional Administrator's Association. Additionally, MHA participates on the Female Offender Workgroup chaired by the DPSCS and collaborates with DPSCS regarding the operation of the Chrysalis House Healthy Start Program.

- **Department of Juvenile Services (DJS)**, Albert Zachik, Cyntrice Bellamy, and Larry Fitch, Monitors – MHA's Office of Child and Adolescent Services: meets regularly with the Behavioral Health Director of DJS to plan mental health services; oversees behavioral health programs for youth in the juvenile justice system; and works in consultation with both DJS and MSDE on initiatives involving children's mental health. MHA is a member of the DJS Sex Offender Task Force and hosts annual trainings and conferences. MHA sits on the Facility for Children Interagency Committee, which this year drafted GOC regulations for the juvenile competency statute. MHA maintains an advisory role with the Administrative Office of the Courts regarding juvenile justice issues. This Department is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Maryland National Guard (MNG),** Marian Bland, Monitor – MHA collaborates with representatives of the U.S. Department of Veterans Affairs, the Maryland Department of Veterans Affairs, the Maryland National Guard, and the Maryland Defense Force through participation in the Veterans Behavioral Health Advisory Board and staff for the Children, Family, and Special Populations subcommittee. Maryland maintains the Network of Care Web site for veterans and service members.

- **Maryland Department of Veterans' Affairs (MDVA),** Marian Bland, Monitor – MHA collaborates with representatives of the U.S. Department of Veterans Affairs and the Maryland Department of Veterans Affairs through participation on the Veterans Behavioral Health Advisory Board and staff for the Children, Family, and Special Populations subcommittee.

- **Judiciary of Maryland**, Larry Fitch, Monitor – The MHA Office of Forensic Services (OFS) has ongoing contact (meetings, phone, e-mail) with the judges of the Baltimore City District Court, the Prince George's County Mental Health Court, and other courts throughout the state on a variety of issues including the establishment of community-based mental health alternatives to incarceration for individuals evaluated at MHA facilities. OFS provided training in the Baltimore City Circuit Court on mental health evaluations of competency and other competency issues. Also, OFS staff attended meetings of the Baltimore City Mental Health Court Workgroup, the Baltimore County Forensic/Mental Health Workgroup, and the Montgomery County Criminal Justice Behavioral Health Initiative.

- **DHMH Alcohol and Drug Abuse Administration (ADAA),** Pat Miedusiewski, Monitor – Collaborations continue under the auspices of DHMH's Behavioral Health and Disabilities. During the past year MHA has participated with ADAA, DDA, and various providers in initiating the development of competencies, curricula, and cross-training processes to enhance training and services statewide; especially the Co-Occurring Disorders Supervisors' Academy. This agency is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **DHMH Family Health Administration (FHA)**, Al Zachik and Joyce Pollard, Monitors – MHA participates on the Data subcommittee and the Conference Planning Committee of the Fetal Alcohol Spectrum Disorder Coalition to address the accessibility of Medical Assistance for children with Fetal Alcohol Syndrome Disorder. In April 2010, MHA and FHA participated in a social workers workshop held at the University of Maryland School of Social Work.

- **DHMH Developmental Disabilities Administration (DDA),** Stefani O'Dea, Debra Hammen, and Lisa Hovermale, Monitors – Collaborations with DDA and ADAA continue under the auspices of DHMH's Behavioral Health and Disabilities Deputy Secretariat. One subgroup focuses on complex clinical problem solving with individuals with Developmental Disabilities (DD), TBI, and mental health issues; the other subgroup focuses on the policy and leadership needed to address system gaps. A 20-Bed Community Habilitation Unit, known as 'Transitions', has been established at Potomac Center and is now clinically staffed and accepting people with the DD designation from the state hospital system. Additionally, OFS Staff communicate weekly with DDA regarding court-involved individuals who require evaluation by MHA, DDA, or jointly by both agencies. This agency is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **Maryland Health Care Commission (MHCC)**, Brian Hepburn, Monitor – MHA collaborates with MHCC on health policy studies involving mental health services, reimbursement rates for hospitals, and on issues involving health insurance coverage and the uninsured population.

- **Health Services Cost Review Commission (HSCRC)**, Brian Hepburn, Monitor – MHA and HSCRC meet periodically to maintain communication and consultation regarding the rate setting process for hospital rates for inpatient services.

- **Children's Cabinet,** Al Zachik, Monitor – MHA's Director of the Office of Child and Adolescent Services is an active member of the Children's Cabinet, meeting regularly with senior staff from the participating child-serving agencies to plan services across agencies for children, youth, and families. A wide variety of policy issues are considered and acted upon under the broad umbrella of the Interagency State Plan.

- **DHMH Office of Health Services & DHMH Office of Operations and Eligibility (Medical Assistance),** Brian Hepburn, Gayle Jordan-Randolph, and Lissa Abrams, Monitors – MHA participates in the Maryland Medicaid (MA) Advisory Committee and the DHMH Roundtable. Participation in the Medical Care Organizations' (MCOs) monthly medical directors meeting continues. MHA has continued to work with the offices within Maryland's Medical Assistance program on such issues as the Primary Adult Care program, the National Provider Identifier, claims processing through the Federal Financial Participation, case management reimbursement, and other relevant MA waivers such as Money Follows the Person. This agency is represented on the Maryland Advisory Council/P.L. 102-321 Planning Council.

- **DHMH Office of Health Care Quality (OHCQ),** Sharon Ohlhaver, Monitor – Regular Meetings between MHA and OHCQ staff continue. Program specific issues and issues related to regulatory interpretation and compliance continue to be discussed and addressed. In addition, OHCQ and MHA instituted quarterly meetings with potential program applicants. Three meetings were held between January and June 2010 and were attended by more than 250 participants.

- **DHMH Office of Capital Planning, Budgeting, and Engineering Services,** Cynthia Petion, Monitor – MHA, in collaboration with this Office, processes requests for the DHMH Administration-Sponsored Capital Program (Community Bond Program) for Community Mental Health, Addictions, Developmental Disabilities Facilities, and for Federally Qualified Health Centers. The Community Bond program provides capital grant funds for prioritized community-based services such as the development of affordable housing for individuals with serious mental illnesses (SMI).

- **DHMH AIDS Administration**, Marian Bland, Monitor – MHA collaborated with the AIDS Administration to provide HIV/AIDS risk awareness and prevention strategies for TAMAR (Trauma, Addictions, Mental Health, And Recovery), a program which provides treatment for incarcerated men and women who have histories of trauma and mental illnesses. The project is available in nine county detention centers and at Springfield Hospital Center**.** Additionally, MHA participates in monthly/quarterly meetings with the AIDS Administration to address behavioral health needs of individuals with special needs.

- **Maryland Emergency Management Administration (MEMA),** Marian Bland, Monitor – In FY 2010 MHA continued its liaison and partnership with MEMA (the state agency responsible for mass care and shelter), DHMH's Office of Preparedness and Response, the Maryland Department of Disabilities, and Department of Human Resources (DHR). This has been achieved through meetings, ongoing communications, and through trainings and presentations offered by MHA to involved state agencies.

Strategy Accomplishment:
This strategy was achieved.

Goal II: Mental Health Care is Consumer and Family Driven.

Objective 2.1. MHA will promote efforts that facilitate recovery and build resiliency.

Mental Health Block Grant – Criterion #1

(2-1A)   Adult

MHA, in collaboration with the Mental Health Transformation Office (MHTO) and On Our Own of Maryland (OOOMD), will continue statewide implementation of Wellness and Recovery Action Plan (WRAP) training, as part of ongoing efforts to increase the wellness and recovery orientation, enhance peer support activities, and utilize best practices within the consumer movement; and begin to incorporate WRAP within community mental health programs.

Indicator:
- Four facilitator follow-up trainings held
- Statewide wellness and recovery informational meetings held to educate providers
- Continued training of Olmstead Peer Support Specialists as an additional WRAP resource for hospital discharge planning

Involved Parties: Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; MHTO; OOOMD; CSAs, Wellness and Recovery Centers

MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2010 activities and status as of 06/30/10 (final report):
MHA, in collaboration with MHTO and OOOMD, has implemented the Wellness Recovery Action Plan (WRAP) trainings and incorporated them into all Wellness & Recovery Centers (previously known as drop-in centers) as a model for peer support. These trainings are provided by the Copeland Center and by the national program director for WRAP. The training includes the core concepts of recovery: Hope, Personal Responsibility, Education, Self-advocacy, and Support.

In January a statewide three-day orientation to WRAP was held with 30 people participating from various jurisdictions. OOOMD delivered two levels of WRAP training – an introductory three-day course and two five-day sections of intensive training for consumers who chose to become certified as WRAP facilitators by the Copeland Center and The OOOMD WRAP Registry. A total of 52 participants were oriented in WRAP during the three-day trainings and, out of this number, 28 were trained as facilitators for the five-day training, bringing the total of WRAP facilitators trained in Maryland to 100 in a two-year period. WRAP has been introduced in every part of the state to providers, CSA staff, administrators, line staff, and consumers during this relatively short period of time.

Olmstead Peer Support Specialists (PSS) facilitate consumer discharges and provide ongoing support during the consumers' transition into the community. Three PSS are also WRAP facilitators and, in FY 2010, worked part-time with patients in three state facilities - Springfield, Eastern Shore, and Finan hospital centers. Future plans for the WRAP Outreach Project include training for regional Advanced Level WRAP Facilitators.

Quarterly trainings continued in FY 2010 to allow facilitators to increase skill levels on the special topics WRAP addresses, such as Suicide Prevention, Dual Diagnosis, Trauma-Informed WRAP, WRAP for Kids and Veterans, and Community Integration from the prison system. Additionally, the WRAP Outreach Coordinator provides independent follow-up meetings with the WRAP facilitators at the Wellness & Recovery Centers as an ongoing best practice.

A member of the Board of Directors for the Copeland Center for Wellness and Recovery was the keynote speaker at the 2nd Annual Wellness and Recovery Conference held in December 2009 with 120 people attending.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1
(2-1B)   Adult
In collaboration with the Mental Health Transformation Office (MHTO) and the Maryland Consumer Leadership Coalition (MCLC), continue to further define "recovery-based mental health treatment" and establish guidelines for peer workforce development in the PMHS.
Indicators:
  - Visit other states that have implemented peer workforce development
  - Draft guidelines completed for peer workforce development
Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHTO; CSAs; Maryland Consumer Leadership Coalition (OOOMD, NAMI MD, Consumer Quality Teams [CQTs], Shapiro Training and Employment Program [STEP], the administrative services organization [ASO])
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2010 activities and status as of 06/30/10 (final report):
The Maryland Consumer Leadership Coalition (MCLC) identified its first priority as the advancement of Maryland's workforce development for consumers. MCLC created a subcommittee to work with Sar Levitan and Johns Hopkins University to develop a peer and entry-level mental health worker curriculum as part of a workforce employment initiative to assist peers/consumers to reenter the workforce known as Training for Peer Employment and Resource Specialists (PERS). In the 3rd quarter of FY 2010, a pilot was implemented to train individuals in the Wellness & Recovery Centers through this model. Lower/Mid-

Shore area groups such as Lower Shore Friends, agreed to be the pilot for the first training as part of their need to have PERS in the area as a result of the closing of Upper Shore Community Mental Health Center. The PERS training yielded 46 consumer participants around the state, with a scheduled training to be held in Western Maryland in October 2010. Additionally, efforts through Sar Levitan/MCLC to implement PERS curriculum in cooperation with two community colleges within the Maryland Community College system will provide opportunities for peers to work and simultaneously earn credits towards an Associate's Degree.

At the November 2009 MCLC meeting it was unanimously voted to establish the Maryland Association of Peer Support Specialists (MAPSS) to create, train, and implement the Certification of Maryland Peers. A curriculum was created out of extensive research, and visits to established programs in Arizona and Pennsylvania, which took place over the past year-and-a-half, funded by the Blaustein Foundation. Based on that research, it was determined that none of the existing curricula was extensive enough to meet the needs or prepare peers for work within agencies. All the topics were pooled together and a training manual was completed creating a more comprehensive training package. The curriculum consists of a compilation of: the widely-used National Association of Peer Support Specialists (NAPS) certification; (with their permission to use whole or in part) Mental Health First Aid (MHFA) for psycho-education; WRAP; and Sheryl Mead's Intentional Peer Support curriculum. The National Center for Trauma-Informed Care (NCTIC) has allowed MCLC to incorporate its Trauma-Informed Care Curriculum. MCLC is also collaborating with the Maryland Disability Law Center on legal issues and advocacy. Nineteen consumer participants enrolled in the first MAPSS training on the Eastern Shore.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1 & 3

(2-1C)   Child

Collaborate with family support organizations to continue the development and provision of family to family and youth to youth peer support services and family and youth training as Medicaid reimbursable services under the Section 1915(c) psychiatric residential treatment facility (PRTF) demonstration waiver.

<u>Indicators</u>: Number of family members and youth organizations enrolled as
	support providers in the demonstration waiver, number of services
	provided to waiver participants

<u>Involved Parties</u>: Al Zachik and Tom Merrick, MHA Office of Child and
	Adolescent Services; Medicaid (MA); CSAs; Maryland Coalition of
	Families for Children's Mental Health; other family support organizations;
	the Maryland Child and Adolescent Mental Health Institute; Governor's
	Office for Children

<u>MHA Monitor</u>: Al Zachik, MHA Office of Child and Adolescent Services

<u>FY 2010 activities and status as of 06/30/10 (final report):</u>
Maryland is one of 10 states selected to participate in the Centers for Medicare and Medicaid (CMS) sponsored psychiatric residential treatment facility (PRTF) demonstration, which is based on using section 1915(c) federal Medicaid demonstration waivers to divert youth from psychiatric residential treatment and provide them with community-based services.

As of FY 2010, more than 100 youth have been enrolled and a total 210 slots have been reserved for youth who are at various stages of the application process. Two organizational support providers, the Maryland Coalition of Families and the Montgomery County Federation of Families, have been approved as Medicaid providers of family-to-family and youth-to-youth peer support as well as of Family and Youth Training under the PRTF waiver. Family peer-to-peer support is currently available in all 24 jurisdictions as is Family and Youth Training. Youth peer-to-peer support has been more difficult in achieving full statewide availability.

The target population for the waiver is children, youth, and their families who meet the medical necessity criteria for PRTF admission. Regulations have been developed to govern the waiver operations and provider recruitment has been conducted. Children may remain in the waiver for up to 24 months with annual review.

A major component of the waiver includes the implementation of interagency Care Management Entities (CMEs). Contracts to two private vendors have been awarded to deliver this service statewide. This effort is strongly integrative of the agency efforts in Maryland in addition to the PRTF waiver, as it will also provide care management for youth placed at the group home level by both DHR and DJS

and for the two System of Care grants for youth in Child Welfare in Baltimore and the Eastern Shore of Maryland - Maryland CARES and Rural CARES.

Strategy Accomplishment:
This strategy was achieved.

(2-1D)
Continue to implement, evaluate, and refine the Self–Directed Care (SDC) project in Washington County.
Indicator:
- Self-directed care plans developed and approved with peer support workers assisting consumers with the process
- Continued WRAP training of consumer advocates and consumer participants with an emphasis on stress reduction and wellness.
- Internet availability provided – Network of Care and use of advance directives

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; other MHA staff; CSAs; NAMI MD; OOOMD; Washington County CSA and providers; Community Behavioral Health Association of Maryland (CBH); and other interested parties
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2010 activities and status as of 06/30/10 (final report):
In FY 2010 MHA, in collaboration with the Mental Health Transformation Office (MHTO), continued implementation of the SDC project in Washington County. Peer advocates continued to assist consumers to develop their own "recovery plans" which included public mental health services tailored to meet their wants/needs. The SDC project trained peer advocates to conduct sessions in stress reduction and health and wellness. Other non-traditional supports were purchased with flexible funds.

The original contract called for serving 30 consumers. However, because of the large response in FY 2008, this number has increased. Staffing has increased to one part-time and three full-time advocates. In FY 2010 there were a total of 100 participants. Fifty consumers are currently in the SDC program; to date, 166 consumers have been referred to program. Fifteen have progressed out of the program after meeting all of their goals. Some of the goals that have been set include accessing better living conditions, obtaining a drivers license, obtaining a GED, attending college classes and quit smoking classes, and participating in exercise programs.

One facilitator provided Wellness Recovery Action Plan (WRAP) training. Plans are being made to increase the number of WRAP facilitators to three in FY 2011. Internet is available for consumers of SDC. Network of Care and use of advance

directives are encouraged via the Wellness & Recovery Center computers. Consumers attended conferences to broaden their education on mental health issues, cultivate opportunities to network with other consumers, and serve as plenary presenters on SDC throughout Maryland.

Strategy Accomplishment:
This strategy was achieved.

Objective 2.2. MHA will increase the number of consumers employed.

Mental Health Block Grant – Criterion #1
(2-2A)   Adult & Child
Design, develop and implement a pilot benefits counseling initiative, in collaboration with On Our Own of Maryland, as a means to promote and actively support consumer recovery and economic self-sufficiency through the use of work incentives, individualized benefits counseling, and work supports, to include the Employed Individuals with Disabilities (EID) Program.
Indicator: Counseling initiative implemented, report on number of benefits
        summaries and analyses completed, report on number of work incentive
        plans developed, report on number consumers served
Involved Parties: Steve Reeder, MHA Office of Adult Services; Carole Frank,
        MHA Office of Planning, Evaluation, and Training; DORS; MDOD;
        Work Incentives Planning and Assistance (WIPA) Project; CBH;
        OOOMD; CSAs; NAMI MD; University of Maryland Evidence-Based
        Practice Center
MHA Monitor: Steve Reeder, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
On Our Own of Maryland (OOOMD) has implemented an initiative to counsel individuals in the various types of benefits and work supports currently available to them. In FY 2010, 61 participants, several of whom required intensive benefits counseling, received counseling and education about the components of these programs. Multiple meetings, phone calls, follow-up, and visits to the Social Security Administration were the result of the intensive benefits service provided. In addition, Benefits Summary and Analysis reports were written on all individuals who receive benefits. Eleven benefits workshops were designed and presented throughout the state. During this fiscal year, there have been many requests for technical assistance concerning benefits which required extended research and location of resources. In order to keep abreast of the latest national and state benefits, MHA/OOOMD representatives attended a two-day statewide benefits training and six one-hour conference calls as well as one-on-one coaching, regarding various benefits cases, with the Maryland Work Incentive Project Director.

In FY 2009 Maryland Department of Disabilities (MDOD) assumed operation of Employed Individuals with Disabilities (EID), which offers Medical Assistance (MA) coverage to individuals with disabilities who work for pay and meet certain eligibility requirements. MHA works with OOOMD to include provider-specific and consumer-focused workshops on the EID program as a component of its educational and counseling initiatives. At the end of the fiscal year, 535 individuals were enrolled in EID. In FY 2010, a series of Webinars was initiated and will continue into FY 2011 in hopes of encouraging expanded enrollment.

Strategy Accomplishment:
This strategy was achieved.

                                    Mental Health Block Grant – Criterion #1
(2-2B)   Adult & Child
Continue to implement the Maryland Mental Health Employment Network (MHEN), a consortium of Maryland mental health supported employment providers and CSAs to increase and enhance the array of choices of supported employment services available by utilizing Social Security Administration (SSA) incentives such as Ticket-to-Work.
Indicator: Administrative infrastructure established at Harford County CSA,
        MHEN activated, operational protocols and system design features created
        and established, data reported on number of programs participating and
        consumers receiving training in these programs, and number of consumers
        using incentives established and monitored
Involved Parties: Steve Reeder, MHA Office of Adult Services; MHTO; DORS;
        CBH; OOOMD; CSAs; NAMI MD; University of Maryland Training
        Center; ASO
MHA Monitor: Steve Reeder, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
MHA, in collaboration with the Social Security Administration (SSA), Maryland State Department of Education-Division of Rehabilitation Services (MSDE-DORS), the Harford County Core Service Agency (CSA), and the Evidenced - Based Supported Employment providers continued its demonstration project under the auspices of the new Ticket-To-Work (TTW) regulations. Social Security beneficiaries with a serious mental illness are eligible to be linked to services through an identified Employment Network (EN), to an evidenced-based supported employment provider. Selected CSAs - Baltimore, Carroll, Harford, Howard, Montgomery counties, and Baltimore City (and the respective supported employment programs within those jurisdictions) - comprise a single EN consortium known as the Maryland Mental Health Employment Network (MMHEN) with Harford County as the lead entity. MMHEN had twenty-five tickets assigned in FY 2010.

In July 2010, the ASO, ValueOptions® Maryland worked to integrate TTW and EN information in the ASOs authorization system and continues to work with MMHEN to make data available through its integrated Web-based platform. Infrastructure for this program has been developed through enhanced computer hardware and plans to integrate the unemployment insurance earnings records within the ASO's authorization and data system, thus providing SSA with the necessary wage information without having to track individual ticket holders. TTW requests in the form of Individual Work Plans are submitted by providers and reviewed by the CSAs. Wage information and TTW details are tracked monthly by the Harford County CSA by data extract and provider contact. Progress meetings are scheduled for the six, twelve, and eighteen month points in the pilot program implementation and development. Two progress meetings and a kick- off event occurred in 2010.

The TTW program complements the focus on integrated, competitive employment and encourages long-term career development by requiring that Supported Employment Programs assist individuals to achieve significant levels of earnings.

Strategy Accomplishment:
This strategy was achieved.

Objective 2.3. MHA will increase opportunities for consumer, youth, family and advocacy organization input in the planning, policy and decision-making processes, quality assurance, and evaluation.

Mental Health Block Grant – Criterion #1 & 5

(2-3A)   Adult
Participate in oversight of the Consumer Quality Team (CQT) project and plan for statewide expansion.
Indicator:
- Psychosocial programs and inpatient facilities in Maryland visited.
- As funding allows, continue expansion into counties covering Maryland's most populous regions and outlying jurisdictions.
- Feedback meetings held, identified issues resolved, annual report submitted

Involved Parties: Clarissa Netter, MHA Office of Consumer Affairs; MHA
          Office of Planning, Evaluation, and Training; state facility representatives;
          MHTO; CSAs; MHAMD; NAMI MD; OOOMD; CBH
MHA Monitor: Clarissa Netter, MHA Office of Consumer Affairs

FY 2010 activities and status as of 06/30/10 (final report):
The Consumer Quality Team (CQT) initiative, launched in FY 2007 through MHAMD, was continued in FY 2010. CQT provided 124 hours of staff training, made 173 site visits to psychiatric rehabilitation programs (PRPs) and inpatient facilities, interviewed 1,018 consumers, and conducted 21 feedback meetings to

resolve identified issues. CQT also developed plans to track 63 consumers relocated due to closing of Upper Shore Community Mental Health Center.

The Team worked with University of Maryland's Systems Evaluation Center to complete an evaluation of the CQT program. This program facilitates the process of consumers participating in the quality as well as the quantitative side of their recovery. CQT conducted a marketing program, including the publication of permanent information sheets for display in PRPs and inpatient units, created information packets for staff, and updated the CQT Web site. An Annual Report was developed in the summer of 2010.

Strategy Accomplishment:
This strategy was achieved.

<div align="right">Mental Health Block Grant – Criterion #1</div>

(2-3B) <div align="right">Adult & Child</div>

Provide resources to continue to implement leadership activities and trainings through: the Maryland Coalition of Families for Children's Mental Health Leadership Institute for parents of children with emotional disorders; the Youth MOVE (Motivating Others through Voices of Experience) peer leadership program; and the Leadership Empowerment and Advocacy Project (LEAP) for adult consumers.

Indicator:
- Annual Family Leadership Institute convened, training activities for families implemented, number of graduates, leadership course offered to Latino families in partnership with the Montgomery Federation of Families,
- Youth MOVE implementation expanded, numbers of individuals enrolled in Youth MOVE, increased youth leadership participation in state and local policy committees, and public awareness events
- LEAP trainings completed, number of graduates, graduates' involvement in leadership and advocacy activities in the PMHS tracked.

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; Clarissa Netter and Susan Kadis, MHA Office of Consumer Affairs; Daryl Plevy, MHTO; CSAs; OOOMD; MHA Office of Child and Adolescent Services; Maryland Coalition of Families for Children's Mental Health; Youth MOVE; the Maryland Child and Adolescent Mental Health Institute

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services; Clarissa Netter, MHA Office of Consumer Affairs

FY 2010 activities and status as of 06/30/10 (final report):
In the summer of 2009, planning was completed in partnership with the Montgomery Federation of Families to deliver a leadership course to Latino

families in the fall of FY 2010. In September, 12 parents and caregivers completed the training.

The Maryland Coalition of Families for Children's Mental Health's Family Leadership Institute (FLI) conducted its annual series of sessions, beginning in February 2010, to train families to advocate for their children and all of Maryland's children in their communities and across the state. The training included five weekends February through May, resulting with the graduation, on May 1, of 21 families who completed the program.

The Mental Health Transformation Office (MHTO) will continue to assist with the statewide implementation of Youth MOVE Maryland. Youth MOVE has been awarded mini grants in 14 of the state's 24 jurisdictions. A special issue paper on lessons learned during the initial stages of implementation, including issues of delayed expansion, was developed and the work to establish Youth Move will continue in the next year.

In the FY 2010 design of LEAP, training was developed with the goal of training consumers over a five-day period. Twelve individuals graduated from the program which utilized trainers from SAMHSA, Medicaid, MHA and the expertise of a state delegate. LEAP graduates continue to be in high demand for advisory boards, employment, and other leadership roles throughout the state.

Strategy Accomplishment:
This strategy was achieved.

Objective 2.4. MHA will protect and enhance the rights of individuals receiving services in the PMHS.

Mental Health Block Grant – Criterion #1
(2-4A)   Adult
MHA's Office of Forensic Services, in collaboration with the Mental Health & Criminal Justice Partnership [formerly called the House Bill (HB) 281 Workgroup] and the Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council, will continue to promote the development of services including early intervention, diversion, and re-entry for individuals with mental illnesses who encounter the criminal justice system.
Indicator: Services monitored, minutes of meetings disseminated
Involved Parties: Larry Fitch, Dick Ortega, and Debra Hammen, MHA Office of
    Forensic Services; CSAs; Mental Health & Criminal Justice Partnership
    (includes: MHAMD and other state agencies); the Interagency Forensic
    Services Committee – Maryland Advisory Council on Mental
    Hygiene/P.L. 102-321 Planning Council
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2010 activities and status as of 06/30/10 (final report):
The Mental Health and Criminal Justice Partnership (MHCJP) continues to work with corrections, mental health, substance abuse, consumer and advocacy groups, and other key stakeholders. The committee's primary mission is to identify and promote services that assist consumers who encounter the criminal justice system and divert them from correctional settings to community-based treatment. MHA's Office of Forensic Services (OFS) staff participated in bi-monthly meetings of the MHCJP and in subcommittee meetings on training for law enforcement agencies. The committee's accomplishments in FY 2010 include:

- Monitoring a newly instituted system for the State's Motor Vehicle Administration to provide identification cards for inmates released from prison
- Working with the CSAs to assure aftercare appointments at community mental health clinics for former prison inmates with mental illnesses within 30 days of their release from prison
- Lobbying mental health, substance abuse, and correctional agencies to increase the availability of diversion services
- Monitoring the implementation of new legislation requiring the Department of Public Safety and Correctional Services to provide a 30-day supply of psychiatric medications to inmates released from prison

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5
(2-4B)   Adult & Child
Provide information, training, and technical assistance for MHA facility staff, CSAs, and community providers regarding services for individuals who have mental illnesses and are involved with the criminal or juvenile justice system.
Indicator: Training provided on court evaluations and status reports, symposium held to include presentations to at least 200 MHA facility staff and community providers; technical assistance provided on services for individuals returning to the community
Involved Parties: Larry Fitch, Jo Anne Dudeck, Debra Hammen, Dick Ortega, and Robin Weagley, MHA Office of Forensic Services; Al Zachik and Marcia Andersen, MHA Office of Child and Adolescent Services; MHA facilities; CSAs; community providers; University of Maryland Training Center; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2010 activities and status as of 06/30/10 (final report):
OFS staff met routinely throughout the year with Maryland facilities staff and community providers to disseminate information regarding juvenile competency

and other forensic issues. In FY 2010, MHA's OFS staff also provided targeted training and technical assistance to these entities on a range of issues including diversion, services for justice-involved consumers in the community, community re-integration, and consumer concerns regarding the delivery of forensic services.

OFS staff participated in the following academic trainings in which clinical professionals received certificates:
- The Thirteenth Annual Symposium on Mental Disability and the Law held on June 18, 2010 at the Ramada Inn, Thurgood Marshall Airport. More than 200 professionals and consumers attended.
- The Seventh Annual Juvenile Forensic Psychiatry Symposium, held August 26, 2010, for University of Maryland fellows and residents.

Additionally, the Office of Forensic Services (OFS) participated in regular meetings with the CSAs, local criminal justice and court officials, and other stakeholders to offer Mental Health Court Risk Assessment training and address services and evaluations for justice-involved consumers.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1 & 3

(2-4C)   Child

Based on a 1987 Lisa L. Program class action lawsuit (which requires timely discharge from hospitals to appropriate placements) track and monitor children and youth in state custody in designated psychiatric hospitals as identified under COMAR 14.31.03.

Indicators: Hospital staff and providers trained on the on-line use of the Psychiatric Hospitalization Tracking System for Youth (PHTSY), a Web-based module of the State Children, Youth, and Family Information System (SCYFIS); regional trainings conducted for agency and hospital staff on the regulations governing interagency discharge planning for children and adolescents; reports generated utilizing information in PHTSY for hospitals and the Multi Agency Review Team (MART) agencies

Involved Parties: Musu Fofana and Marcia Andersen, MHA Office of Child and Adolescent Services; providers; MHA inpatient adolescent unit and eight private hospitals; MART

MHA Monitor: Marcia Andersen and Musu Fofana, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
In FY 2010, all new hospital staff (discharge coordinators, social workers, etc.) at 10 psychiatric hospitals (private and state-operated) were trained on the use of the Psychiatric Hospitalization Tracking System for Youth (PHTSY). Training procedures were designed and implemented to facilitate timely training of hospital

staff and assure confidentiality of data; as well as facilitate supervisor/unit manager awareness of and compliance with the tracking system. It was determined that the number of overstays in hospitals of children and adolescents was reduced by providing ongoing consultative assistance to agency and hospital staff to develop interagency procedures to facilitate timely discharge (such as access to detailed reviews of Lisa L. children receiving detention and respite services).

Additionally, in-house training was provided to all Department of Social Services (DSS) Lisa L. coordinators. Changes to the automated tracking system were implemented to facilitate access of local agency staff to the automated tracking system.

Lisa L. status updates continue to be presented to the Children's Cabinet. In FY 2010, the use of quarterly progress reports alone rather than additional bi-weekly reports was established.

Strategy Accomplishment:
This strategy was achieved.

Goal III: Disparities in Mental Health Services are Eliminated.

Objective 3.1. Continue to work collaboratively with appropriate agencies to improve access to mental health services for children with emotional disabilities and individuals of all ages with psychiatric disorders and co-existing conditions including but not limited to: court involved, deaf and hard of hearing, traumatic brain injury (TBI), homeless, incarcerated, substance abuse, developmental disabilities, and victims of trauma.

Mental Health Block Grant – Criterion #4
(3-1A)   Adult & Child
Utilize increase in Projects for Assistance in Transition from Homelessness (PATH) funding to provide support to hire a SSI/SSDI Outreach, Access, and Recovery (SOAR) Outreach Coordinator to re-launch the pilot initiative in Baltimore City and Prince George's County and expand SOAR regionally.
Indicator: SOAR training and technical assistance provided to CSAs and
        providers of PATH, homeless, or housing services; data gathered on
        number of individuals who are homeless assisted with applying for
        SSI/SSDI benefits; additional funding approved; quarterly meetings held
Involved Parties: Marian Bland and Keenan Jones, MHA Office of Special Needs
        Populations; Penny Scrivens, MHA Office of Adult Services; other MHA
        staff; CSAs; PATH service providers
MHA Monitor: Marian Bland and Keenan Jones, MHA Office of Special Needs
        Populations

FY 2010 activities and status as of 06/30/10 (final report):
In FY 2010, PATH was increased by $140,000 which funded SOAR Outreach Coordinators in Baltimore City and Prince George's County and a part-time Data and Evaluation Consultant. The Data Consultant has been providing technical assistance to agencies with collecting and analyzing SOAR data. MHA has provided technical assistance with the collection of SOAR data, collating monthly reports, and developing a SOAR initiative.

MHA's Office of Special Needs Populations sponsored five, two-day Stepping Stones to Recovery SOAR trainings in collaboration with the University of Maryland Training Center using state general funding and PATH funding. These trainings provided an in-depth, step by step explanation of the SSI/SSDI application and disability determination process. They also provided strategies for case managers, mental health professionals, and social workers assisting individuals, who are homeless with serious mental illness and co-occurring substance use disorder, to successfully access SSI/SSDI benefits. In the last year, more than 140 participants, consisting of case managers, PATH providers, human service providers, and other homeless services, have attended these five, two-day

trainings. Currently, there are seven active SOAR trainers within Maryland who work together to deliver the training. Additionally, Healthcare for the Homeless in Baltimore held a training on November 10 and November 17, 2009.

Other essential tasks which support the trainings include technical assistance to counties implementing SOAR and incorporating SOAR critical components into existing PATH services. MHA has held quarterly SOAR Planning workgroup meetings with state, local, and federal partners. MHA has conducted on-site technical assistance site visits to assist providers with collecting data appropriately. With technical assistance from the National SOAR Technical Assistance Center at Policy Research Associates, the Director of the Office of Special Needs Populations (SOAR Team Leader for Maryland) met with representatives from Anne Arundel, Baltimore, Frederick, and Montgomery counties; as well as eight of the Eastern Shore counties (Caroline, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico, and Worcester counties) to prepare to implement a SOAR initiative in their local jurisdictions. By the end of FY 2010, Anne Arundel County and the Lower Eastern Shore counties of Somerset, Wicomico, and Worcester launched their SOAR initiatives.

In FY 2011, Howard and Montgomery counties' SOAR initiatives will be launched. MHA's Office of Special Needs Populations will continue to meet with other jurisdictions, beginning with Carroll County, to expand SOAR and PATH services statewide during FY 2011.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1
(3-1B)   Adult & Child
Develop, monitor, and evaluate community placements, other services, and plans of care for consumers with traumatic brain injury (TBI) through the TBI waiver.
Indicator:
- Additional eligible individuals in MHA facilities identified and placed in the community
- Plans of care developed and monitored for 30 eligible consumers
- Enhanced transitional case management implemented
- Financial incentives for providers to expand provider capacity identified; additional providers enrolled
- Eligible participants enrolled via MFI/MFP (Money Follows the Individual/Money Follows the Person)
Involved Parties: Stefani O'Dea and Nikisha Marion, MHA Office of Adult Services; Medical Assistance Division of Waiver Programs; Coordinators for Special Needs Populations in MHA facilities; CSAs; TBI Advisory Board; community providers
MHA Monitor: Stefani O'Dea, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
MHA is the lead agency in Maryland for current Traumatic Brain Injury (TBI) initiatives, which include a Home and Community-Based Waiver for individuals with TBI. Forty-six individuals were served through this program in FY 2010. MHA anticipates that between 10 and 15 new people will enroll in the TBI waiver program each year. MHA has enrolled two new providers in FY 2010 to meet the increasing demand for this program and continues to recruit additional providers.

Maryland's Money Follows the Person Demonstration Project utilizes home and community-based services (HCBS) waivers as the strategy for transitioning individuals from institutional settings to community-based services. The Waiver for Adults with TBI is one of Maryland's nine HCBS waiver programs. The Money Follows the Person Demonstration Project allows the state to receive an enhanced federal match for HCBS waiver services. This enhanced match is considered "savings" to the state and must be utilized to expand community capacity. MHA has used the "savings" that accrued in FY 2010 to implement enhanced transitional case management (services include program education, application assistance, plan of care development and administrative case management) for waiver participants and to award financial incentives for providers to open new residential sites and expand program capacity.

MHA operates a Brain Injury Resource Coordination program that helps link individuals living in the community who are at risk of institutionalization with the services and supports that they need to remain in the community. MHA's TBI project staff also provide education and consultation to local mental health providers and other human service agencies on recognizing the signs of TBI and on strategies for affectively serving and supporting those individuals in the least restrictive setting. Additionally, MHA provides staff support to Maryland's TBI Advisory Board, which is legislatively mandated to report annually to the Governor and the General Assembly on the needs of individuals with TBI. This report includes the monitoring of the use of state and federal funds as well as identification of gaps in and recommendations for the development of needed services.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #4
(3-1C)   Adult & Child
Collaborate with the Maryland Advisory Council for the Deaf and Hard of
Hearing, the Governor's Office of Deaf and Hard of Hearing (ODHH), CSAs,
advocates, other state and local agencies, and colleges and universities to provide
support and technical assistance to promote statewide access to services that are
culturally competent for individuals who are deaf or hard of hearing, which
includes application of new communication and technology, i.e. video phone,
telepsychiatry, and Web-based training.
Indicator: Inventory of services completed, meeting minutes and reports
        disseminated, training materials developed, recruitment and training of
        culturally competent mental health workforce completed, report on
        projects funded submitted
Involved Parties: Marian Bland, MHA Office of Special Needs Populations;
        Penny Scrivens, MHA Office of Adult Services; Iris Reeves, MHA Office
        of Planning, Evaluation, and Training; Marcia Andersen, MHA Office of
        Child and Adolescent Services; CSAs; ODHH; consumers and family
        advocacy groups; local service providers
MHA Monitor: Marian Bland, MHA Office of Special Needs Population

FY 2010 activities and status as of 06/30/10 (final report):
MHA participated on Behavioral Health subcommittee of the Maryland Advisory
Council for the Office of Deaf and Hard of Hearing (ODHH). Through this
subcommittee, MHA also worked with ADAA and DDA to identify needs and
service gaps and create opportunities to include access, which may include use of
advanced technology. The subcommittee drafted minimum criteria for providing
behavioral health care for Marylanders who are deaf or hard of hearing and
drafted recommendations to MHA's ASO regarding standards for public mental
health providers certifying proficiency and cultural competency in serving deaf
consumers. The subcommittee also developed strategies to improve access to
outpatient treatment and improve the competencies of outpatient providers
working with consumers who are deaf and hard of hearing. The assessments and
inventory of services are ongoing and will be completed in FY 2011.

In May 2010, MHA hosted a cultural sensitivity and awareness training for
behavioral health providers, CSAs, consumers, and advocates on understanding
issues faced by consumers who are deaf or hard of hearing and have a serious
mental illness. In rural communities, MHA's Office of Special Needs
Populations, in collaboration with Mid-Shore Mental Health Systems (MSMHS)
and Gallaudet University, promoted a series of trainings, as well as explored the
use of the Web to increase cultural awareness and sensitivity to the needs of
individuals who are deaf or hard of hearing. These trainings included the
application of new communication and technology, i.e. video phone,
telepsychiatry, and Web-based training. MSMHS also contracted for a training
series in partnership with MHA and Gallaudet University Department of Social
Work entitled *Culturally Competent Practice for Persons Who are Deaf or Hard*

of Hearing. Webcasts from each session in the series are available on the Gallaudet University Department of Social Work Web site for three years, are fully compliant with the Americans with Disabilities Act (ADA), and accessible with closed captioning.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #4
(3-1D)   Adult & Child

Continue to provide funding for rental assistance to CSAs through the Shelter Plus Care grants from the federal Department of Housing and Urban Development (HUD).

Indicator: Application for funding submitted; new funding explored under the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act and other HUD programs to expand housing and supports to prevent homelessness, number of families/individuals housed; services provided; meeting minutes and training materials disseminated; technical assistance and trainings provided to CSAs, providers, and local continuum of care committees

Involved Parties: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations; Penny Scrivens, MHA Office of Adult Services; ADAA; CSAs; MHA facilities; Continuum of Care Homeless Boards; local service providers; consumers

MHA Monitor: Marian Bland and Keenan Jones, MHA Office of Special Needs Populations

FY 2010 activities and status as of 06/30/10 (final report):
MHA continues to provide federal HUD funding to CSAs to provide rental assistance to individuals who are homeless or were formerly homeless. In FY 2010, MHA submitted 22 renewal grants to 13 Continuum of Care Planning groups as a part of their application for HUD funding. Each local Continuum of Care of Plan must incorporate MHA's Shelter Plus Care application into its annual local plan. MHA's Shelter Plus Care program is providing rental assistance to 165 families, 137 single individuals, and 283 children.

MHA's Office of Special Needs Populations continues to participate in local Continuum of Care Homeless Boards; provides technical assistance to providers on a daily basis via telephone, e-mail, or written correspondence; and assists with resolving crisis situations or handling problematic situations that occur or may occur. In addition, MHA meets with CSAs, case managers, consumers, Shelter Plus Care monitors, and providers on a quarterly basis. Also, MHA provides Shelter Plus Care training on the Eastern Shore and holds quarterly meetings with Shelter Plus Care providers.

The Homeless Emergency and Rapid Transition to Housing (HEARTH) Act was enacted in May 2009. The new policies as a result of this Act were only developed, published, and made available for comment in FY 2010. Training on HEARTH by HUD will begin in FY 2011.

Strategy Accomplishment:
This strategy was achieved.

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Mental Health Block Grant – Criterion #4
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(3-1E)   Older Adults

In collaboration with the Committee on "Aging in Place" develop an integrated care model for consumers age 50 years and over with behavioral and somatic health needs in PMHS residential programs.

Indicator: Activities of the "Aging in Place" committee implemented, components of integrated model identified, cost analysis developed, assessment tools selected, jurisdictions determined, recommended model presented

Involved parties: James Chambers, Marge Mulcare, Penny Scrivens, and Georgia Stevens, MHA Office of Adult Services; Jim Macgill, MHTO; CSAs; CBH; MHAMD; Office of Health Services; Office of Health Care Quality (OHCQ); Committee on "Aging in Place"

MHA Monitor: James Chambers, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
The Committee hopes to move forward in FY 2011 in finalizing identification of a model of integrated care ready for Medicaid funding that will address the somatic needs of older adults living in residential rehabilitation programs (RRPs). MHA has taken steps toward this in FY 2010 through collaborative efforts with other Committee members, including MHTO, DDA, and MHAMD, to share in the culmination of data and research on issues of aging in certain psychiatric rehabilitation programs in Maryland. The Committee has worked closely with nurses from the Developmental Disabilities Administration (DDA) in the use of the Physical Status Review Health Risk Screening Tool (HRST) developed by DDA to complete chart reviews in selected RRPs to determine level of care needed to support consumers living in RRPs. The data concludes:

- A significant number of consumers reside in RRPs with health conditions requiring monitoring by a nurse or other health care professional
- Within that group, a smaller number of consumers need a more intensive level of care; and may need long term care
- There is a need for a two-part service model that maintains consumers in the RRP when feasible, and provides a long term care alternative, when necessary

The Committee will use the results of these reviews to assist in the identification of an appropriate model that can be replicated and sustained within existing budgetary constraints yet address the clinical needs of individuals living in RRPs.

Strategy Accomplishment:
This strategy is partially achieved.

Objective 3.2. Develop initiatives that promote the delivery of culturally competent and ethnically appropriate services.

Mental Health Block Grant – Criterion #5

(3-2A)   Adult & Child
MHA, in conjunction with the Mental Health Transformation Office (MHTO), will implement an assessment and cultural competence training project and utilize information on cultural competency training across the PMHS.
Indicator: Up to 20 mental health providers at 10 sites trained, data collected for
        cultural competency assessment tool, recommendations reviewed
Involved Parties: Iris Reeves, MHA Office of Planning, Evaluation, and
        Training; MHTO; CSAs; consumer and family advocacy groups
MHA Monitor: Iris Reeves, MHA Office of Planning, Evaluation, and Training

FY 2010 activities and status as of 06/30/10 (final report):
The Cultural and Linguistic Competence Training Initiative (CLCTI), which involved 40 participants from 10 randomly selected PRP sites/programs, was designed as a leadership academy pilot project. This project has been implemented, with the support of MHTO and the Systems Evaluation Center, to assist organizations in Maryland with the incorporation of cultural and linguistic competence as an integral aspect in their organizational structure and operation. This initiative involved the recruitment and training of individuals who will become "leaders" of change within their specific organizations and included management and direct care staff representatives and two consumers from each of the 10 sites.

The project involved a five-day training which took place between June and September 2009 and targeted organizational change within the selected provider programs and the collection of data to assess the impact of the training on consumer and program staff's perception of cultural competence related to the process of consumer recovery.

Data analysis and results from the CLCTI, as processed, will be integrated into MHA cultural compliance training activities across the PMHS and will contribute to the knowledge base for cultural competence, in general. This information, along with further training and technical assistance, will support the development of an action plan to be utilized by the participating programs to move services and treatment toward cultural competence.

Other on-going activities that are being provided and are consistent with the training initiative include:

- Technical assistance to organizations throughout the state
- Workshops and conferences to raise awareness of cultural competence
- Utilization of an assessment tool to evaluate consumer and staff perception of cultural competence of providers/programs

Strategy Accomplishment:
This strategy was achieved.

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Mental Health Block Grant – Criterion #5
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(3-2B)   Adult & Child

MHA, in collaboration with the DHMH Office of the Deputy Secretary of Behavioral Health and Disabilities, will implement Maryland's Action Plan to Eliminate Disparities in Behavioral Health Care with a focus on culturally and linguistically appropriate services.
Indicator: Action Plan developed and implemented
Involved Parties: Iris Reeves, MHA Office of Planning, Evaluation, and
        Training; CSAs; DHMH Office of Minority Health and Health Disparities;
        ADAA; DDA; consumer and family advocacy groups
Monitor: Iris Reeves, MHA Office of Planning, Evaluation, and Training

FY 2010 activities and status as of 06/30/10 (final report):
As a result of Maryland's participation at the National Policy Summit on Elimination of Mental Health Disparities; efforts, led by DHMH's Deputy Secretary for Behavioral Health and Disabilities, are underway to improve workforce diversity and cross training activities within the three behavioral health and disability administrations.

Planning meetings with Deputy Secretary of Behavioral Health and Disabilities, MHTO, and MHT-SIG consultants occurred early in FY 2010. Workgroup membership was developed and expanded beyond the original 15-member Policy Summit delegation to include behavioral health and disabilities staff for data, training, and diversity along with representation of Community Behavioral Health Association of Maryland (CBH), Maryland Addictions Directors Council, and other stakeholders. Over the reporting period, two workgroup sessions and five ad hoc committee meetings/conference calls occurred. The Workgroup is in the process of developing a framework for an action plan for Maryland that would support DHMH's vision of cross-cultural integration of services across the three administrations – Mental Hygiene, Alcohol and Drug Abuse, and Developmental Disabilities.

Three key areas have been identified for further development – data approaches, tactical approaches, and organizational approaches. Workgroup sessions, refining strategies/objectives, and activities with assistance of facilitation from DHMH's Training Services Division will continue into FY 2011.

Strategy Accomplishment:
This strategy was partially achieved.

Objective 3.3. Evaluate and develop opportunities to maximize current resources to promote affordable safe housing for individuals with serious mental illness.

                                                Mental Health Block Grant – Criterion #1
(3-3A)   Adult
Based on recommendations of the MHA/Technical Assistance Collaborative (TAC) Housing Plan, MHA will work with other state and local funding resources to promote and leverage DHMH's Administration-Sponsored Capital Program grant (Community Bond) funds to increase affordable, safe, and integrated housing for individuals with serious mental illness (SMI).
Indicator: Community bond housing applications approved to increase funding
       for supportive and independent housing units, meetings with participating
       providers and non-profit organizations held, Capital projects implemented
Involved Parties: Penny Scrivens, MHA Office of Adult Services; Lissa Abrams,
       MHA Office of the Deputy Director for Community Programs and
       Managed Care; Daryl Plevy, MHTO; Robin Poponne, MHA Office of
       Planning, Evaluation, and Training; Marian Bland, MHA Office of Special
       Needs Populations; CSAs; Maryland Department of Housing and
       Community Development (DHCD); DHMH Office of Capital Planning,
       Budgeting, and Engineering Services; MDOD; DDA; MDoA; Centers for
       Independent Living (CILs); local housing authorities; housing developers;
       Administration-Sponsored Capital Program; Consultant Staff, TAC
MHA Monitor: Penny Scrivens, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
MHA, in collaboration with MHTO, contracted for and received a report from the Technical Assistance Collaborative, Inc., (TAC), a Boston consulting agency, to obtain an assessment of current housing programs in Maryland, funding resources, and recommendations for inclusions in a plan for future improvements in housing. Recommendations included expansion of housing opportunities for priority consumer groups, which comprise individuals with mental illnesses or with co-occurring mental illness and substance abuse disorders; and maximization of funding (including DHMH's Administration-Sponsored Capital Program grant community bond) from federal, state and local funding sources. Additionally, DHMH, DHCD and the Department of Disabilities (MDOD), jointly developed a strategic plan for the development of affordable independent housing for persons with disabilities, specifically those with Serious Mental Illness (SMI) and those with developmental disabilities. This plan also includes recommendations and

strategies to maximize utilization of other existing housing resources, efforts to generate rental subsidies, and approaches to overcome barriers to the development of housing development.

MHA has encouraged and provided some financial incentives to establish non-profit housing development entities. Many of these entities, as well as mental health provider organizations, have developed affordable housing under the auspices of community bond grants through DHMH Administration-Sponsored Community Bond Program.

The 2010 Maryland General Assembly approved a total of $4.8 million for Community Bond grants to support projects that serve mental health needs through promoting accessibility to housing. These projects will provide affordable housing for more than 60 individuals with mental illnesses who are homeless, moving out of RRPs or moving out of other situations into more independent living within the community.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1
(3-3B)   Adult
Increase the number of individuals with mental illnesses to obtain affordable and safe housing through the Bridge Subsidy Pilot Program, federal housing vouchers, and rental assistance programs initiated through the American Recovery and Reinvestment Act (ARRA)/Homelessness Prevention and Rapid Re-Housing Program (HPRP).
Indicator: Number of people obtaining Bridge Subsidy for independent housing monitored, number of individuals who moved from state hospitals to residential rehabilitation programs (RRPs) and/or to independent housing, outreach and training for providers and CSAs provided, meetings with participating organizations/providers and case management agencies held
Involved Parties: Penny Scrivens, MHA Office of Adult Services; Marian Bland, MHA Office of Special Needs Populations; CSAs; DHCD; MDOD; DDA; MDoA; CILs; local housing authorities; housing developers
MHA Monitor: Penny Scrivens, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
As of 2010, the Bridge Subsidy Pilot Project served 111 individuals across disabilities over a four-year implementation period. In 2009, due to a lack of sustained funding, DHCD closed the project. A final report will be provided by DHCD in FY 2011.

In September, 2010, a Notice of Funding Announcement (NOFA) from HUD proposed to distribute 5,300 vouchers nationwide to non-elderly individuals with disabilities. Efforts were made to support 14 public housing authorities (PHAs)

and service providers in Maryland to finalize proposals by July 7, 2010, while working with local contacts to leverage additional funding for transitional housing efforts. MHA also contacted mental health providers, peer support programs from OOOMD, case management programs, ACT staff, and residential programs to assist eligible consumers in applying for the local PHA voucher program.

Additionally, DHCD and specific PHAs are currently implementing programs and utilizing funding made available through American Recovery and Reinvestment Act (ARRA) for housing and other specific projects on the local level. In 2009, Prince George's County Family Services applied for and received $250,000 in funding through DHCD from ARRA to provide housing services for one time only costs (security deposits, utility bills, furniture etc.).

MHA's Annual Adult Conference was held on April 9, 2010 with training opportunities for CSAs, providers, and case management agencies in the areas of residential/housing and case management (among other topics) across the lifespan.

Strategy Accomplishment:
This strategy was achieved.

Goal IV: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

Objective 4.1. MHA will work with the CSAs and other stakeholders to develop, implement, and evaluate screening, prevention, and early intervention services for individuals across the life span with psychiatric disorders or individuals who are at risk for psychiatric disorders.

Mental Health Block Grant – Criterion #3 & 5

(4-1A)   Child

In collaboration with the Maryland Child and Adolescent Mental Health Institute, Maryland State Department of Education (MSDE), the Center for Maternal and Child Health, the Maryland Blueprint Committee, and other stakeholders continue to build infrastructure and deliver training to improve quality of mental health screening assessment and intervention for young children.

Indicators:

- University of Maryland Early Childhood Mental Health Certificate program expanded to Bachelor's level participants – An additional 36 professionals trained
- The Maryland implementation of the Nurse-Family Partnership,® (an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children) explored
- Expand work with Pediatric medical specialty in pilots to improve developmental screening protocol. Possible CEU programs for pediatricians on early childhood mental health development and of Pediatric - Psychiatric consultation models piloted
- Project with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) further implemented

Involved Parties: Al Zachik, MHA Office of Child and Adolescent Services; MSDE; Center for Maternal and Child Health; the Maryland Blueprint Committee

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):

The purpose of the Early Childhood Mental Health (ECMH) Certificate Program is to offer specialized training to master level clinicians in core knowledge, skills, and attitudes necessary for practicing in the field of early childhood mental health. At the end of FY 2010, 120 participants in five groups had completed the ECMH Certificate course and received a certificate of completion from the University of Maryland School of Medicine's Division of Child and Adolescent Psychiatry. Maryland is exploring offering this training on the Bachelor's level in FY 2011.

Maryland is also exploring implementation of an evidence-based, nurse home visiting program. DHMH is looking at funding for this program in FY 2011, possibly through Health Care Reform. FHA would coordinate this program for first-time parents and their children who meet eligibility criteria of lower incomes.

Although a pilot for screening protocol enhancement was not implemented, MHA expanded its work with pediatric medical specialty groups through planning input and participation in a pediatric conference in 2010. The conference focused on programs for pediatricians on early childhood mental health development.

Maryland, through CSEFEL and MDSE, is participating in a training and technical assistance project to foster the professional development of the early care and education workforce. In FY 2010, a collaborative workgroup convened to develop policies; train trainers and coaches to build the capacity of the workforce; and support local implementation of the Pyramid Model, an initiative which promotes social and emotional competence in infants and young children. These efforts support four local programs that are serving as demonstration sites for implementation of this model. Outcomes will be evaluated in FY 2011.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #3
(4-1B)   Child
MHA will work in conjunction with Department of Human Resources (DHR) and other stakeholders to improve screening, assessment, and service delivery for children and youth in foster care.
Indicators:
- Work continued with Baltimore City to strengthen the mental health component of the local Department of Social Services (DSS) child welfare health suite for all youth entering foster care in Baltimore City to assure combined health and mental health screening
- MD CARES – A comprehensive Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant designed for foster care children in care in Baltimore City implemented
- Crisis Response and Stabilization Service Initiative continued for children placed in foster care settings
Involved Parties: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services; the Maryland Child and Adolescent Mental Health Institute; DHR; Maryland Coalition of Families for Children's Mental Health; CSAs; Baltimore City and other local DSS offices
MHA Monitor: Al Zachik and Cyntrice Bellamy, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
MD CARES, a comprehensive Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant designed for foster care children in care in Baltimore City, was implemented. Grant funds are used to expand and support "wraparound" services to foster children in their communities. Wraparound services are different from traditional "one size fits all" programs or expensive residential care.

On behalf of the grant, the Governor's Office of Children awarded a contract to Wraparound Maryland, Inc. for the provision of care management and wraparound service delivery in Baltimore City. Currently, the census is 29 youth. Early reports indicate the service has been able to stabilize placement for youth in times of crisis. Wraparound Maryland maintains its own data system and a report is generated and disseminated each month during the Implementation Committee Meeting. MHA collaboratively works with DHR to maintain the program and monitor for progress and concerns.

The mental health component of the health suite of the local Department of Social Services (DSS) child welfare is operational and all children who enter the foster care system in Baltimore City receive mental health and somatic care evaluations.

The Crisis Response and Stabilization Service Initiative continued for children placed in foster care settings through the Mobile Crisis Stabilization Services (MCSS) program, which is operational within 13 jurisdictions providing services to youth and families. This initiative creates a mental health crisis response and stabilization system, designed to facilitate response to children in foster care placements, and intervenes in the home setting so that psychiatric crises and hospitalization do not result in the child's residential placement. The initiative was funded in the Governor's budget and commenced in FY 2009. MHA worked in concert with the local CSAs to identify local providers to offer this service within their respective communities. Nine service provision areas covering 16 counties have been initiated. These include the Lower Shore region; Mid-Shore region; Allegany, Anne Arundel, Baltimore, Garrett, Harford, and Washington counties; and Baltimore City.

During the upcoming year jurisdictions plan to hold extensive trainings of local first responders, police and Emergency Management System (EMS) staff, about the special needs of foster families. Harford and Prince George's counties originally planned for statewide implementation. A data reporting tool has been developed and will be utilized beginning FY 2011. However, further expansion of this project has unfortunately been curtailed due to budget limitations.

Strategy Accomplishment:
This strategy was achieved.

(4-1C)
MHA will work in conjunction with MSDE, local school systems, and a wide range of other interested stakeholders to develop recommendations to improve access to and quality of school mental health services provided to school-aged children.
Indicators:
- Efforts continued of the MSDE, MHA, and Maryland Coalition of Families for Children's Mental Health; recommendations developed and disseminated on improving services for youth in schools identified by special education with emotional disabilities
- Blueprint School Mental Health Committee recommendations finalized and disseminated

Involved Parties: Cyntrice Bellamy, MHA Office of Child and Adolescent Services; MSDE; The Maryland Coalition of Families for Children's Mental Health; the School Mental Health subcommittee of the Blue Print Committee; local school systems; CSAs; private providers
MHA Monitor: Cyntrice Bellamy, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
MHA continues its extensive work with the Maryland State Department of Education (MSDE), both in regard to strengthening student support services for students in regular classrooms and for those in special education settings governed by the requirements of the Individuals with Disabilities Education Act (IDEA). MHA and MSDE collaborate to provide services to children and youth and to recruit qualified mental health providers for schools and the community. MHA works closely with all agencies to ensure the needs of children in the PMHS and the broader community are met. There has been a considerable increase in enhanced school-based mental health services over the past several years. In addition, mental health services through PMHS, are available in over 120 public schools in Baltimore City and in six schools in Baltimore County. There are currently 61 school-based health centers across the state, each of which provides somatic services. Approximately half of these centers also provide mental and behavioral health services**.**

The Mental Health Association was the leader in coordinating an Emotional Disturbed Steering Committee. House Bill 11 was initiated by some members of this committee to eliminate stigmatizing language by changing the term "emotional disturbance" to "emotional disability". This change in language is in effect as of October 1, 2010 in special education settings and elsewhere. Through various meetings in FY 2010, a draft report was devised and will be available for the public after the final version is completed and approved in FY 2011.

The Blueprint School Mental Health Committee completed a statewide assessment of expanded school mental health availability in Maryland's 24 local jurisdictional school systems to continue the progress made in Maryland to

improve academic outcomes for students with mental health needs. It is the goal that this data regarding school mental health programs and school personnel, expanded school mental health programs, community providers, school-linked community organizations, and family involvement will serve to strengthen the growing relationships among key partners that are a critical to improving school outcomes for these youth.

Strategy Accomplishment:
This strategy was achieved.

                                        Mental Health Block Grant – Criterion #1
(4-1D)   Child
Implement a diverse range of innovative statewide and local youth suicide prevention activities with support of the SAMHSA Statewide Youth Suicide Prevention and Early Intervention grant *Maryland's Linkages to Life*.
Indicators:
- Number of trainers trained in evidence-based practices (EBPs) for suicide prevention /intervention
- Development and funding of local coalitions for implementation of prevention activities and training within local school systems
- Development and funding of pilot projects for identified high risk rural counties
- Development and funding of pilot projects for counties with large numbers of completed suicides

Involved Parties: Henry Westray, MHA Office of Child and Adolescent Services; the Maryland Youth Crisis Hotline Network; the Maryland Committee on Youth Suicide Prevention; MSDE; CSAs Local school systems; University of Maryland; the Johns Hopkins University
MHA Monitor: Henry Westray, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
In October 2009, MHA received a $1.5 million federal Garrett Lee Smith Youth Suicide Prevention Grant. A grant oversight board has been formed and monthly meetings are held with all local and federal partners involved with this project.

Funding, oversight, and resources from the SAMHSA Grant, also known as *Maryland's Linkages to Life*, have provided for 24 sub-awards including:
- Implementation of evidence-based gatekeeper trainings and updates to health-education curricula in 17 school districts across Maryland; implementation of evidence-based prevention activities, awareness campaigns, community education, and/or direct services to three at-risk rural counties and three counties with a high rate of youth suicides per capita
- Hosting of awareness and prevention activities for advocacy organizations and special at-risk populations such as the National

Organization for People of Color Against Suicide (NOPCAS) and other organizations for youth at risk
- Development and distribution of awareness materials (brochures, posters, pamphlets) for use with various populations (school personnel, parents, emergency response personnel)
- Distribution of widespread publicity of the Maryland's Youth Crisis Hotline - House Bill 973, which requires schools to provide students in grades 6-12 with the Youth crisis phone number and to print related information in the school handbook and on a student's school ID card
- Training of 89 individuals as trainers in evidence-based suicide prevention models (71 - QPR (Question, Persuasion, and Referral), 18 – Applied Suicide Intervention Skills Training [ASIST])
- Training of 2,008 individuals as gatekeepers in one of four evidence-based suicide prevention models (ASIST, QPR, safeTALK or Yellow Ribbon) across Maryland

MHA staff is providing leadership and fiscal record keeping on this project. CSAs manage the administration of funding to sub-awardees. Data collection, technical support, and close monitoring are being conducted by the grant team at the Johns Hopkins University including annual site visits and other assistance and guidance on an as needed basis.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1 & 4
(4-1E)   Adult & Older Adult
Develop and implement statewide activities for adult and older adult suicide prevention, intervention, and postvention.
Indicators: Adult suicide prevention Committee or workgroup established on inter-agency collaboration, identification of statewide data for each age group, identification of available resources, findings and recommendations for statewide activities developed
Involved Parties: James Chambers and Marge Mulcare, MHA Office of Adult Services; Maryland Department on Aging; other key stakeholders
MHA Monitor: James Chambers and Marge Mulcare, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
The Office of Adult Services Director convened a committee consisting of MHA staff, CSA representatives, providers, a Transformation Team member, and a representative from the Governor's Advisory Council on Mental Health. A report was developed that was subsequently forwarded to the Chair of the newly formed, "Governor's Commission on Suicide Prevention Across the Life-span." The report included information on prevalence, causality, and a current array of

services addressing suicide prevention strategies for the adult and older adult populations. In addition, the Committee identified strengths and barriers in the system and forwarded a comprehensive report to the Commission along with recommendations that address the categories of governance and oversight; education and training; public awareness and advocacy; systems coordination, development and technology; and data collection and research.

Strategy Accomplishment:
This strategy was achieved.

<div align="right">Mental Health Block Grant – Criterion #1 & 4</div>

(4-1F) <div align="right">Older Adult</div>
Continue to support CSAs in their ongoing efforts to develop mechanisms to address prevention and early intervention services for older adults.
Indicators: Reports from CSAs disseminated addressing progress in developing
      interagency committees supporting needs of older adults
Involved parties: James Chambers and Marge Mulcare, MHA Office of Adult
      Services; Jim MacGill, MHTO; CSAs
MHA Monitors: James Chambers, and Marge Mulcare, MHA Office of Adult
      Service

FY 2010 activities and status as of 06/30/10 (final report):
Reports on CSA progress in developing interagency support to meet the needs of older adults is provided through various mechanisms:
- Annually, the CSAs are surveyed regarding progress on serving older adults for various reports, such as outreach, crisis teams, and interagency committee summaries
- DHMH report for the MDoA's "Interagency Committee on Aging" is disseminated statewide for the Governor's Office
- CSA Plans, reviewed on an annual basis, offer narratives on progress made that year, as well as information found in the "Conditions of Award" segment regarding services to older adults

Annually, MHA sponsors a conference on aging and embedded in each conference is the topic of interagency coordination and cooperation. Barriers include funding streams, competing priorities, and lack of qualified workforce both within the CSAs (very few geriatric specialists) as well as in the provider system. Although there are no mandated Memorandums of Understanding among state agencies serving older adults, MHA depends on the efforts of all interested parties in the mental health, aging, and social services networks to cooperatively continue to strive to achieve goals of maintaining services available for older adults and nurturing possibilities for service expansion.

Strategy Accomplishment:
This strategy was achieved.

Objective 4.2. MHA will collaborate with CSAs and stakeholders to promote screening for mental health disorders, improve access and quality of PMHS services for individuals with co-occurring disorders, and provide linkages to appropriate treatment and supports across the life span.

<div style="text-align: right">Mental Health Block Grant – Criterion #5</div>

(4-2A)   Adult

MHA in collaboration with the University of Maryland will continue implementation of a training initiative for outpatient mental health clinics (OMHCs) to improve services at the local level to serve individuals with co-occurring disorders.

Indicator: Curriculum and training plan implemented, jurisdiction-by-jurisdiction assessment of capacity to deliver co-occurring disorder services completed, technical assistance for the Comprehensive Continuous Integrated Systems of Care (CCISC) model and the Integrated Dual Diagnosis Treatment (IDDT) toolkit provided

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; the University of Maryland Evidence-based Practice Center (EBPC); Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Alcohol and Drug Abuse (ADAA) and Developmental Disabilities (DDA) Administrations; CSAs; mental health and substance abuse providers; other advocates; and interested stakeholders

MHA Monitor: Carole Frank, Office of Planning, Evaluation, and Training

FY 2010 activities and status as of 06/30/10 (final report):
Over the past year, the Mental Hygiene Administration (MHA) has worked toward the implementation of a work plan designed to increase the number of programs that are dual diagnosis capable. A jurisdiction-by-jurisdiction assessment of capacity to deliver co-occurring disorder services has been completed. Technical assistance for the Comprehensive Continuous Integrated Systems of Care (CCISC) model and the Integrated Dual Diagnosis Treatment (IDDT) toolkit has been provided upon request. Six county jurisdictions, which have chosen to adopt the implementation of the CCISC, are in various stages of development. Assertive Community Treatment (ACT) teams are receiving training on dealing with substance abuse to improve the dual diagnosis capability of each of the 10 ACT teams, on an individualized basis. Work continues with the New Hampshire-Dartmouth Psychiatric Research Center consultant regarding IDDT and agency wide development of dual diagnosis capable with various providers.

Approximately 500 providers participated in statewide trainings in areas including: screening and assessment, consulting with the ACT teams on the role of the substance abuse team member, developing co-occurring disorders competency, and the CCISC.

Additionally, the University of Maryland trainer assisted with the co-occurring curriculum development and the presentation of the Supervisors' Academy. This yearlong interdisciplinary Train-the-Trainer program consists of monthly day-long sessions for 21 supervisors/trainers from three administrations - Alcohol and Drug Abuse (ADAA), Developmental Disabilities (DDA) and Mental Hygiene (MHA). This is the only curriculum in the country that addresses mental health, substance abuse, developmental disabilities, and traumatic brain injury. There are seven participants from each administration. The Academy began in April 2010, with three sessions completed in FY 2010, and will be completed in spring 2011.

Under the direction of the Deputy Secretary for Behavioral Health and Disabilities, MHA works closely with ADAA and DDA. Meetings are held on a regular basis to discuss training, health disparities, and data. The Office of the Deputy Secretary is working toward the goal of expanding the development of a system of integrated services including substance abuse, mental health, developmental disabilities, traumatic brain injury, and somatic care. The Office is also targeting forensic issues, the goal of addressing systems change, and implementing treatment and supports.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #4
(4-2B)   Adult & Older Adult
Support implementation of the Money Follows the Person (MFP) initiative by (1) facilitating coordination of behavioral health, somatic care, and PMHS services for older adults transitioning from institutions to the community; and (2) identifying the service needs of individuals with traumatic brain injury transitioning from institutions to the community.

Indicator: Screening tools developed and implemented, consumers enrolled in Home and Community-Based Services (HCBS) waivers, MFP behavioral health recommendations implemented, MFP Web-based tracking system utilized

Involved Parties: James Chambers, Marge Mulcare, Stefani O'Dea, and Georgia Stevens, MHA Office of Adult Services; Daryl Plevy and James MacGill, MHTO; CSAs; MDOD; Maryland Disability Law Center (MDLC); OOOMD; CBH; Office of Health Services MFP project; Maryland Department of Aging (local area agencies)

MHA Monitor: James Chambers, Marge Mulcare, and Stefani O'Dea, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
Maryland's Money Follows the Person (MFP) Demonstration Project utilizes home and community based services (HCBS) waivers as the strategy for transitioning individuals from institutional settings to community-based services.

MHA, in collaboration with the Maryland Department of Disabilities (MDOD), supports the Office of Health Services' MFP Demonstration Project by participating in MFP steering committee meetings and assisting with aspects of the project that specifically address the behavioral health needs of individuals transitioning out of institutions. For example, MHA has provided input into the MFP operation protocol; reviewed the Behavioral Health Consultant RFP which outlines the responsibility for creating and implementing behavioral health recommendations; and made recommendations regarding behavioral health training needs and potential screening tools for various MFP stakeholders including nursing facility staff, waiver program staff, and case managers.

MHA's Office of Adult services collaborates with the Older Adults Waiver program, which is administered by the Department of Aging, regarding the planned transition of individuals who are over the age of 65 into the community.

The Traumatic Brain Injury (TBI) Home and Community Based Services waiver, which is administered by MHA, is the strategy that is utilized to transition individuals with TBI who are in chronic hospitals into the community. A tracking system is in place to track the number of MFP enrollments. As of fall 2010, there have been 17 MFP transitions into the TBI waiver program.

Strategy Accomplishment:
This strategy was achieved.

Objective 4.3. MHA, in collaboration with the CSAs and other stakeholders, will continue to facilitate the development, implementation, and evaluation of services that address the needs of children, adolescents, transition-age youth with psychiatric disorders, and their families.

Mental Health Block Grant – Criterion #1 & 3

(4-3A)   Child
Utilize the principles and values of the Transition to Independence (TIP) program, a best practice approach to improve the quality of services for transition-age youth (TAY), to conduct a comprehensive quality improvement initiative for MHA funded programs servicing this age group.
Indicator: Surveys and interviews completed, program site visits completed, number of programs using TIP, CSA sub-vendor contracts revised
Involved Parties: Tom Merrick, MHA Office of Child and Adolescent Services; Steve Reeder, MHA Office of Adult Services; Maryland Department of Disabilities (MDOD); MSDE; CSAs; Maryland Coalition of Families for Children's Mental Health; Youth MOVE; Governor's Interagency Transition Council for Youth with Disabilities; Maryland's Ready by 21; DHR; the University of Maryland; parents, students, advocates, and other key stakeholders
MHA Monitor: Tom Merrick, MHA Office of Child and Adolescent Services, and Steve Reeder, MHA Office of Adult Services

FY 2010 activities and status as of 06/30/10 (final report):
SAMHSA awarded a $2.4 million, five-year grant to MHA to implement a demonstration project in Frederick and Washington counties that develops integrated home and community-based services and supports for Transition-Age Youth. Forty-five youth and young adults are enrolled in programs at two sites – Way Station in Frederick County and Way Station in Washington County. This Healthy Transitions Initiative (HTI) employs the Transition to Independence Process (TIP) model with a combination of a team of transition facilitators and expanded access for youth to both evidence-based Supported Employment and ACT, if needed. Five transition facilitators were hired through the two local CSAs and a Project Manager monitors both sites. An initial TIP training took place during the third week of April 2010 and a follow-up training will take place in the fall. Participants include the Project Manager, facilitators, the EBP providers and other stakeholders who use the TIP model in non grant-related programs. Site visits conducted by the HTI State Project Manager to each of the two county sites took place one to two times weekly in FY 2010. The Project Manager will continue weekly visits to each site in FY 2011.

Strategy Accomplishment:
This strategy was achieved.

(4-3B)
Monitor and review the status of youth committed by courts to MHA custody for placement in community residential settings to assure quality, resilience-based services are being delivered.
Indicators: Number of youth placed, results of program consultations monitored, site visit reports submitted
Involved parties: MHA Office of Child and Adolescent Services; CSAs; private providers; other agencies of the Children's Cabinet
MHA Monitor: Marcia Andersen and Eric English, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
During this period, 46 youth were committed to MHA for inpatient evaluations. All now have been discharged and appropriately placed or are awaiting their final placement. Six additional youth were committed to MHA in the community for treatment and all continue under court commitment. Of the six youth with ongoing MHA outpatient commitment, four were in residential treatment centers and two in regular group homes. Additional communication has begun among the MHA Office of Child & Adolescent Services and the CSAs, juvenile courts, DSS, and DJS to educate other agencies and ensure that commitments to MHA are used appropriately and effectively to facilitate community placements with quality, resilience-based, and recovery-based services. The number of these outpatient commitments did significantly decrease this period; thus, resources have been better allocated to meet the behavioral health needs of the children and adolescents of Maryland with less administrative overhead.

Formal surveys of information on commitments and co-commitments from all of the Maryland CSAs have been tabulated. There are written reports available for most of the service program audits; the remaining are in process. The number of program site visits will continue to increase during the remainder of FY 2010 and site visit collaboration has been expanded with the Office of Health Care Quality (OHCQ), DJS, and ValueOptions (the administrative services organization). Reports of these site visits during this time, conducted in collaboration with the ASO, continue to be released.

MHA, through the Maryland Blueprint Committee, continued to meet to develop the position paper on resilience. A consensus statement on the operational definition of resilience is expected to significantly enhance the assessment of resilience and the promotion and expansion of resilience-based services throughout Maryland. In the meantime, resilience has been incorporated generally in training and mental health presentations. MHA supports a positive outcome for the Carroll County Local Management Board (LMB) pending application for a mentoring grant to measure resiliency as a specific outcome for adolescents.

Strategy Accomplishment:
This strategy was achieved.

> **Goal V: Excellent Mental Health Care is Delivered and Research is Accelerated While Maintaining Efficient Services and System Accountability.**

Objective 5.1. MHA in collaboration with Core Service Agencies (CSAs); consumer, family and provider organizations; and state facilities will identify and promote the implementation of models of evidence-based, effective, promising, and best practices for mental health services in community programs and facilities.

Mental Health Block Grant – Criterion #5
(5-1A)   Adult & Child
Continue, in collaboration with the University of Maryland, CSAs and key stakeholders, statewide implementation of evidence-based practice (EBP) models in supported employment, assertive community treatment, and family psycho-education, and evaluate programs annually to determine eligibility for EBP rates.
Indicator: Number of programs meeting MHA-defined standards for EBP
        programs, training provided, new programs established, ongoing data
        collection on consumers receiving EBPs, adherence to fidelity standards
        monitored by MHA designated monitors; data collected on EBPs
        programs and consumer services provided
Involved Parties: James Chambers, Penny Scrivens and Steve Reeder, MHA
        Office of Adult Services; Brian Hepburn, MHA Office of the Executive
        Director; Gayle Jordan-Randolph, MHA Office of the Clinical Director;
        Lissa Abrams, MHA Office of the Deputy Director for Community
        Programs and Managed Care; Steve Reeder, and Penny Scrivens, MHA
        Office of Adult Services; Carole Frank, MHA Office of Planning,
        Evaluation, and Training; Susan Bradley, MHA Office of Management
        Information Systems and Data Analysis; the University of Maryland
        Evidence-Based Practice Center (EBPC) and Systems Evaluation Center
        (SEC); CSAs; community mental health providers; ASO
MHA Monitor: James Chambers and Steve Reeder, MHA Office of Adult
        Services

FY 2010 activities and status as of 06/30/10 (final report):
MHA, MHTO, and the University of Maryland's EBPC and SEC have been working interactively on policy, program and system infrastructure development; program evaluation; consultation; training; and technical assistance related to evidence-based practice (EBP) service approaches. These include Supported Employment (SE), Family Psycho-education (FPE), Assertive Community Treatment (ACT), and the development of an EBP for co-occurring substance abuse disorders and mental illness. Program outcome measures and data collection methods, specific to each EBP, are being developed and are under

consideration for implementation across all sites. EBP-specific regulations have been developed and are awaiting approval.

By the end of FY 2010, representatives from 31 of the 51 SE programs have either been trained or are receiving training in the EBP model. Of the 31 programs, 17 have met fidelity standards and are eligible for the EBP rates. Also, in FY 2010, 2,686 individuals received SE services. Throughout FY 2010, MHA staff continued to provide training and technical assistance to all SE programs statewide.

Staff from 13 of the 25 Mobile Treatment (MT) programs serving adults received training. Of the 13 programs, 10 have met the fidelity standards for ACT and have served 1,806 adults. The ACT Training Resource Programs (TRPs), established under a prior SAMHSA EBP grant, continue to demonstrate competence in providing training and technical assistance under the supervision of the EBPC's ACT Trainer/Consultant. The peer consultation and training modality, wherein TRP staff train other agency staff at a similar hierarchical level, remains an effective strategy.

For Family Psycho-education (FPE), there are currently eight programs with staff trained on the EBP, with three of those programs conducting five groups during this reporting period of FY 2010. One site currently offers three Multi-Family Groups for consumers and families. Of the six agencies, five have met the fidelity standards in their provision of FPE, serving a total of 41 consumers and their family members. Training has been implemented with an individual consultant using a collaborative training process.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5
(5-1B)   Child
In collaboration with the University of Maryland, the Johns Hopkins University, and the Maryland Coalition of Families for Children's Mental Health, continue the efforts of the Maryland Child and Adolescent Mental Health Institute to explore and implement child and adolescent evidence-based practices (EBPs) and other promising practice based models.

Indicators:
- Pilot projects with University of Maryland continued on Family-Informed Trauma treatment employing Trauma-Informed Cognitive Behavioral Therapy models in selected sites around the state
- In collaboration with the Children's Cabinet, a range of EBPs implemented across all child serving systems

- Policy recommendations developed and preliminary data designed to move mental health respite care services towards a more demonstrated evidence base
- Wraparound fidelity in the context of the 1915(c) waiver and other interagency demonstrations monitored
- Efforts continued to increase the demonstrated efficacy of child and adolescent PRPs

Involved Parties: Al Zachik and Joan Smith, MHA Office of Child and Adolescent Services; Carole Frank, MHA Office of Planning, Evaluation, and Training; MSDE; University of Maryland and Johns Hopkins University Departments of Psychiatry; CSAs; CBH; Maryland Coalition of Families for Children's Mental Health; Maryland Association of Resources for Families and Youth (MARFY); MHAMD; other advocates; providers

MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
Now funded by MHA and the Children's Cabinet, the Maryland Child and Adolescent Mental Health Institute provides training on system of care principles and on the delivery of high fidelity Wraparound services. In addition, the Institute provides training that certifies providers of family-to-family and youth-to-youth peer support under the 1915 (c) waiver. The System of Care Training Institutes are held annually.

In conjunction with the Children's Cabinet, the Institute is overseeing the implementation fidelity of Multi-systemic Therapy and Functional Family Therapy, which are funded by other agency partners in selected locations in Maryland. Four providers now offer Functional Family Therapy in 18 counties. At the start of FY 2010, four providers implemented Multi-Systemic Therapy in seven jurisdictions. Quarterly reports of case progress, outcomes, and adherence to fidelity are submitted to the Governor's Office for Children (GOC). The research team collects data to track a variety of evidence based practices (EBPs) being utilized throughout the state and routinely reports on EBP implementation including: where services are available and at what capacity; how services are funded and utilized; how well services are being delivered based on model requirements; and what outcomes for youth result following treatment. The Institute is also helping in the implementation of EBPs such as Trauma Informed Cognitive Behavioral Therapy; two trainings were held in FY 2010. Participants included providers and DJS staff.

The Institute is also looking into programs that develop increased evidence of the effectiveness of the state's respite care and child and adolescent PRPs. Respite care will be a focus for FY 2011. The PRP Best Practices committee continues to work with the Innovations Institute and is reviewing core elements and standards for PRP services for minors. A survey of providers has been completed, and outcome data has been requested. This committee is also integrating its work with

the Resilience Committee at MHA, to make sure it is not duplicating efforts, and that rehabilitation plans and interventions are strength-based.

In addition, MHA is funding a number of known EBPs in youth suicide prevention with support from a statewide Garrett Lee Smith Suicide Prevention grant from SAMHSA. Local grants have been awarded to entities, such as the CSAs and local school systems, based on a competitive review of proposals that emphasize the implementation of suicide prevention EBPs.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.2. MHA, in collaboration with CSAs, consumer and family organizations, governmental agencies, the administrative services organization (ASO), and other stakeholders, will address issues concerning improvement in integration of facility/courts, and community services.

Mental Health Block Grant – Criterion #1
(5-2A)   Adult & Child
Implement and monitor crisis response systems, hospital diversion projects, and activities to increase the diversion of inpatient and detention center utilization by individuals with mental illnesses through support of the use of alternative services in Montgomery, Anne Arundel, Baltimore, and Prince George's counties and Baltimore City CSAs.
Indicator: Number of uninsured individuals diverted from emergency
          departments, state hospitals, other inpatient services, and detention
          centers; number of alternative services provided; reduction of emergency
          department requests for admission to state hospitals; service continuum
          plan developed
Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for
          Community Programs and Managed Care; Brian Hepburn, MHA Office of
          the Executive Director; James Chambers, MHA Office of Adult Services;
          Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA
          Facility CEOs; Alice Hegner, MHA Office of CSA Liaison; Randolph
          Price, MHA Office of Administration and Finance; CSA directors in
          involved jurisdictions; other stakeholders
MHA Monitor: Lissa Abrams, MHA Office of the Deputy Director for
          Community Programs and Managed Care

FY 2010 activities and status as of 06/30/10 (final report):
The implementation of the hospital diversion initiatives in several counties and the increase in purchase of care (POC) beds have contributed to expanded access to community-based inpatient services and decreased civil admissions to state facilities. In FY 2010, out of a total of 1,501 requests for hospitalization made in

Anne Arundel and Montgomery Counties and Baltimore City, 588 individuals (39%) were diverted to alternative or community-based services.

Other local efforts toward judicial diversion services have expanded. Carroll and Harford counties have mental health diversion programs and Calvert, Mid-shore, and Prince George's counties support a liaison between the jail and the courts to recommend diversion services.

In efforts toward enhancing service continuum of care and in order to better coordinate the efforts of the hospital diversion, MHA convenes a monthly meeting of representatives from the CSAs and state hospitals. This is resulting in more comprehensive systems of care and better clinical outcomes for individuals involved with facility services in the PMHS.

Emergency department visits in general are increasing and while the percentage of visits for mental health reasons remains at its historical level of 4.3 percent, the overall increase in visits creates a greater number of people seeking mental health dispositions. This past year CMS clarified the Emergency Medical Treatment and Labor Act (EMTALA) policy for receiving hospitals. Based on this policy, hospitals and emergency departments cannot turn down an admission because the individual is uninsured. This assists the Emergency Departments to more quickly move people through their systems.

In collaboration with CSAs, MHA promotes the use of alternative services to hospital levels of care and facilitates the discharge of long-stay state hospital patients. The PMHS offers several services that can prevent an inpatient psychiatric admission or provide an alternative to psychiatric inpatient admissions. These services include Mobile Treatment (MT) Services and Assertive Community Treatment (ACT).

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1
(5-2B)   Adult

MHA, in collaboration with the Developmental Disabilities Administration (DDA) and the Alcohol and Drug Abuse Administration (ADAA), will develop plans to assess preferences, needs, and desires of individuals hospitalized and will transition or discharge individuals with developmental disabilities in state hospitals to settings (community or unit for individuals with co-occurring illness) that are most appropriate to their needs.

Indicator: Patients identified; interview team convened; number of patients interviewed; collaboration facilitated among leadership at MHA, and DDA, regional offices, and CSAs; recommendations identified

Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations; Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Clarissa Netter, MHA Office of Consumer Affairs; Debra Hammen, MHA Office of Forensic Services; DHMH Deputy Secretary for Behavioral Health and Disabilities; DDA; ADAA; MDOD; Maryland Association of Core Service Agencies (MACSA), CSAs; Facilities' CEOs; CBH; OOOMD; NAMI MD; consumer, family, advocacy organizations

MHA Monitor: Arlene Stephenson, MHA Office of the Deputy Director for Facilities Management and Administrative Operations and Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care

FY 2010 activities and status as of 06/30/10 (final report):
Sixteen patients have been transferred from Springfield, Spring Grove, Finan, and Eastern Shore hospital centers to the Transitions Program at Potomac Center. The Potomac Center has successfully set up a program as a viable option for individuals who have a dual diagnosis of developmental disability and mental illness and are patients in state psychiatric hospitals. The program was developed and designed with DDA expertise. A total of 63 individuals left the MHA hospitals in FY 2010. Transfers from MHA facilities continue as patients become stabilized and are able to live in a residential treatment setting or move to the Transitions Program at Potomac Center.

The collaboration facilitated among leadership at MHA and DDA, and the partnership with the Potomac Center, have proven beneficial to meet the needs of this unique population. Collaboration on the part of MHA, DDA, community providers of both MHA and DDA, DDA regional offices, and MHA CSAs was comprehensive and critical to expedite interviews and referrals to assist movement from state facilities.

The hospital management information system (HMIS) is being revised to accommodate a new field that will help both MHA and DDA staff track these individuals and their eligibility. Appropriate staff will receive access to and training in HMIS and Provider Consumer Information System (PCIS) to enable to them to conduct queries of the data bases.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5

(5-2C)   Child
In collaboration with Center for Medicare/Medicaid Services (CMS) and Maryland Medical Assistance (MA), continue implementation of the CMS-supported 1915(c) Psychiatric Residential Treatment Facility (PRTF) demonstration waiver to provide services to up to 80 children and youth and their families in four jurisdictions across the state.
Indicators: Number of Waiver providers enrolled, number of youth enrolled, program monitored
Involved Parties: MHA Office of Child and Adolescent Services; Maryland Child and Adolescent Mental Health Institute; MA; CSAs; Maryland Coalition of Families for Children's Mental Health; Maryland Association of Resources for Families and Youth (MARFY); Governor's Office for Children (GOC); the Children's Cabinet; Local Management Boards (LMBs)
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
Maryland is one of 10 states selected to participate in the Centers for Medicare and Medicaid (CMS) sponsored Psychiatric Residential Treatment Facility (PRTF) demonstration, which is based on using section 1915(c) federal Medicaid demonstration waivers to divert youth from psychiatric residential treatment and provide them with community-based services.

As of FY 2010, more than 100 youth have been enrolled and a total 210 slots have been reserved for youth who are at various stages of the application process. Two organizational support providers, the Maryland Coalition of Families and the Montgomery County Federation of Families, have been approved as Medicaid providers of family-to-family and youth-to-youth peer support as well as of Family and Youth Training under the PRTF waiver.

Provider enrollment continues to be a priority as the waiver begins to open in a number of new jurisdictions on a weekly basis. At the end of FY 2010, a total of 18 providers of waiver services have been enrolled with Medicaid. Some of these providers offer multiple waiver service types. An additional four providers' applications have been forwarded from MHA to the Division of Waiver Services with a recommendation for approval. A total of 111 additional providers are in

various stages of recruitment. Provider recruitment efforts are currently focused on those jurisdictions and service types that will allow the expansion of the waiver to the remaining five jurisdictions in a manner that assures participant health and safety.

Strategy Accomplishment:
This strategy was achieved.

(5-2D)
MHA will convene a workgroup to review PMHS community-based initiatives, such as peer support services and telemedicine, and explore opportunities for Medicaid reimbursement, reviewing state plan options and potential Medicaid waivers.
Indicator**:** Workgroup convened, recommendations identified and submitted to
        MHA management
Involved Parties: James Chambers, MHA Office of Adult Services; Lissa
        Abrams, MHA Office of the Deputy Director for Community Programs
        and Managed Care; Stacey Diehl, MHA Office of Governmental
        Relations; Clarissa Netter, MHA Office of Consumer Affairs; Al Zachik,
        MHA Office of Child and Adolescent Services; MA; other stakeholders
MHA Monitor**:** James Chambers, MHA Office of Adult Services and Lissa
        Abrams, MHA Office of the Deputy Director for Community Programs
        and Managed Care

FY 2010 activities and status as of 06/30/10 (final report):
The establishment of telemental health statewide for rural and under-served populations is a priority for MHA. The Telemental Health workgroup was established through MHTO to obtain MA reimbursement for telemental health applications. Telemental health is a useful tool to assist in surmounting the challenges faced when providing services to individuals in rural areas or individuals with special needs such as people who are deaf or hard of hearing. The telemental health program is expanding to Springfield Hospital Center where equipment has been purchased to serve patients who are deaf or hard of hearing. Approval for MA reimbursement would provide ongoing support for the initiatives.

The Maryland Consumer Leadership Coalition (MCLC) created a workgroup made up primarily of interested consumers. The goal is to explore, create and implement ways to better facilitate the engagement of consumers as paid workers in the industry. Strategies such as pre-apprenticeship and "try out" employment will be pursued. This effort will also involve exploring examples of Medicaid coverage for peer and family support for people with mental illness. This could possibly lead to a recommendation to revise the MA state plan to include these employment structures under a more comprehensive plan of MA reimbursement. The workgroup met with CMS in May to discuss parameters regarding MA

support for peer support specialists. MCLC's goal is to not only produce a working plan but also to explore the creation of a demonstration effort that tests the efficacy of this approach with a representative group of providers to gather experience as to how to expand and sustain this potentially valuable workforce resource.

Strategy Accomplishment:
This strategy was achieved.

(5-2E)
Promote strength-based, resilience-building approaches through monitoring of critical incidents at MHA-regulated Therapeutic Group Home programs, ongoing review of licensing regulation standards, and tracking of out-of-state placement decisions overseen by the Children's Cabinet.
Indicators: Critical incidents reports logged and responses made, changes in
      policy and licensing standards monitored, out-of-state placements tracked
Involved: MHA Office of Child and Adolescent Services; Governor's Office for
      Children (GOC); the Children's Cabinet agencies; the State Coordinating
      Council; Interagency Licensing Board; MARFY; therapeutic group home
      providers; other residential providers
MHA Monitor. Marcia Andersen and Caroline Jones, MHA Office of Child and
      Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
All residential service policy in Maryland is developed and promulgated in an interagency context by the Interagency Licensing Committee, operated out of the Governor's Office for Children (GOC). MHA is currently involved with this group in a quality improvement effort regarding Therapeutic Group Homes (TGH), the only child and adolescent residential service option in the continuum of residential services that is regulated by MHA. MHA developed a data base of critical incidents; however, the main data base is maintained by OHCQ. MHA provided technical assistance in local monitoring of TGHs and participated in individual dispute resolutions and case resolution conferences. A reportable incident monitoring system was established to maintain the quality of programs. Reports are logged then reviewed by MHA Office of Child and Adolescent staff for level of severity and training needs. MHA also provides technical assistance, when needed, for unannounced visits following critical incidents.

A series of regular site visits and technical assistance, designed to advance the programs' recovery and resilience orientations, were conducted during the past year. MHA participated in the revision of two sets of regulations for residential child care providers to ensure that the strength-based resilience and trauma-informed care approaches were incorporated into these regulations. MHA participated in reviewing the packets of new TGHs and collaborated with CSAs actively participating in licensing surveys, both announced and unannounced, for

established TGHs. MHA chaired a TGH workgroup in the development of pre-admission/ initial assessment forms and served on the interagency committee for the statewide approval of behavior management programs.

MHA continues to assist in tracking out-of-state placement decisions overseen by the Children's Cabinet and participates in out-of-state interagency programs site visits as scheduled.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.3 MHA will monitor and evaluate the performance of its key contractors the administrative service organization (ASO) and the Core Service Agencies (CSAs), requiring improvement as needed.

Mental Health Block Grant – Criterion #5
(5-3A)   Adult & Child
In collaboration with CSAs, monitor the transition of the ASO and its contractual obligations and performance.
Indicator: Contract requirements identified, semi-annual reporting on selected
           performance targets presented to MHA Management Committee and
           CSAs, information shared with key stakeholders
Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for
           Community Programs and Managed Care; MHA Management Committee;
           ASO; CSAs; representatives of key stakeholder groups
MHA Monitor: Lissa Abrams, MHA Office of the Deputy Director for
           Community Programs and Managed Care

FY 2010 activities and status as of 06/30/10 (final report):
On September 1, 2009 a new vendor, ValueOptions Inc., was installed as the new ASO for the PMHS. Historical data from the previous vendor was transferred to ValueOptions. The Board of Public Works (BPW) awarded the contract to ValueOptions with a start date of June 4, 2009 for the transition without funding. Implementation, including the start of the contract funding, was scheduled for September 1, 2009. Between July and October, numerous transition activities took place. A bid protest was filed by APS Healthcare, the former ASO, and as a result the award was delayed. APS continued to comply with contract requirements to manage the PMHS in Maryland. On October 1, 2009 ValueOptions began operation. The transition was managed successfully with extensive collaboration among providers, CSAs, and all involved parties. The two primary goals of the transition – to serve consumers and pay providers – were achieved without significant problems. Ongoing dialogue among all parties and routinely held meetings allow issues to be addressed in a timely fashion. Bi-weekly executive meetings among MHA, CSAs, and ValueOptions

representatives, as well as monthly meetings with providers and consumers, address operational and major policy issues.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #2

(5-3B)   Adult & Child

During the transition of the ASO and thereafter, continue to monitor the system for growth and expenditures, identify problems (including high-cost users), and implement corrective actions as needed, maintaining an appropriate level of care for at least the same number of individuals.

Indicator: Monthly and quarterly reports generated by ASO, analysis of reports by involved parties, analysis of new rate structure and new utilization management practices

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care; Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; Susan Bradley, MHA Office of Management Information Systems and Data Analysis; ASO; MHA Management Committee; CSAs

MHA Monitor: Lissa Abrams, MHA Office of the Deputy Director for Community Programs and Managed Care

FY 2010 activities and status as of 06/30/10 (final report):
MHA has continued to serve individuals of all ages with mental illnesses, even as it has assumed fiscal and administrative responsibility for mental health care for the total Medicaid population under the MA 1115 waiver. In FY 1999 (first year of available data), over 68,000 individuals were served. Sixty-three percent were adults and 37 percent were children and adolescents. Fifty-two percent met the diagnostic criteria for SMI and 72 percent met the criteria for SED. Over the last eleven years, the number served has grown to more than 120,000 in FY 2010. Sixty percent (60%) were adults and forty percent (40%) of those treated were children and adolescents. More than sixty-five percent (65.5%) of adults served were individuals with SMI. Seventy-five percent (75%) of the children and adolescents served were individuals with SED.

In FY 2010, due to significant reductions in MHA's budget, MHA directed the ASO to review and manage service utilization more closely. Additionally, changes to uninsured eligibility were implemented.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5
(5-3C)   Adult & Child
Review and approve CSA mental health plans, budget documents, annual reports, and letters of review from local mental health advisory committees (LMHACs) and CSA advisory boards.

Indicator: Plans submitted from each CSA, compliance with MHA planning guidelines for CSA Plans evaluated, letters of review and recommendation received from each LMHAC and/or CSA board, previous fiscal year annual reports received, MHA letter of review sent

Involved Parties: Cynthia Petion, MHA Office of Planning, Evaluation, and Training; Alice Hegner, MHA Office of CSA Liaison; MHA Office of Administration and Finance; MHA Review Committee (includes representatives of all major MHA offices); Brian Hepburn, MHA Office of the Executive Director; CSAs; LMHACs; CSA advisory boards

MHA Monitor: Cynthia Petion, MHA Office of Planning, Evaluation, and Training

FY 2010 activities and status as of 06/30/10 (final report):
The CSAs' FY 2011-2013 Mental Health Plan and Budget documents were submitted to MHA and reviewed by a committee consisting of 12-15 MHA staff. To simplify data submissions, each CSA continued to include standardized data templates in their submission. In FY 2010, a steering committee of Maryland Association of Core Service Agencies (MACSA) convened, upon request of the CSAs, to re-examine the guidelines and submission format of the CSA Plans. A decision was made to submit Plans on a three-year cycle instead of a two-year cycle. This meant that an official comprehensive Plan would be submitted every three years with an updated document developed and submitted for the two years in between.

In FY 2010, documents were submitted in the formats of either three-year plans or first or second year plan updates so that all CSA Plan submissions would be scheduled on a continuum rather than have the MHA review staff review all comprehensive plans at one time. Each plan included, as required, a letter of review with recommendations from the local mental health advisory committee of that jurisdiction or documentation of review from the CSA Board of Directors. Also, two CSAs – Somerset and Wicomico – successfully combined resources to become one CSA. They submitted an integrated one-year Plan.

CSAs were also required to submit their fiscal year 2009 Annual Reports. As of FY 2008 the CSAs submitted the annual report documents electronically. The plans and annual reports included discussions of the CSAs' achievements, interagency collaborations and partnerships, local and statewide initiatives, and financial plans linked to mental health services. Three-year plans included needs assessments, the findings from which were linked to goals and strategies. All

plans were found to be in compliance with MHA's Guidelines Regarding Fiscal Year 2011-2013 Plans/Budgets.

Strategy Accomplishment:
This strategy was achieved.

                                        Mental Health Block Grant – Criterion #5
(5-3D)   Adult & Child
Monitor and collect documentation on each CSA's performance of activities, as outlined in the Memorandum of Understanding (MOU), on risk-based assessment of the CSA and specific MOU elements; and notify the appropriate MHA program director of exceptions that may require corrective action or additional technical assistance.
Indicator: Monitoring tools utilized, self-reports from CSAs monitored, CSA
        program improvement plans reviewed, on-site assessment of CSAs
        conducted, monitoring reports summarized
Involved Parties: Alice Hegner, MHA Office of CSA Liaison; CSAs; appropriate
        MHA staff
MHA Monitor: Alice Hegner, MHA Office of CSA Liaison

FY 2010 activities and status as of 06/30/10 (final report):
The MHA Office of CSA Liaison conducted quarterly monitoring in a combination of on-site and/or conference calls for all 20 CSAs for compliance with the MOU for FY 2010. Monitoring included, for each CSA's administration and for its subvendors, a review of the use of both state general funds and federal block grant dollars. There were 414 contracts of 470 (88%) that were signed on time.

The FY 2010 monitoring consisted of:
- A questionnaire regarding certain administrative components of the MOU
- A year-to-date expenditure report on their subvendors
- Full review of each jurisdiction's Wellness and Recovery Center's contracts
- A fiscal review of the year-to-date expenditures and projections
- A review of the CSA annual audit for private non-profit CSAs and the last audit of record or Web site reference for the audit, for those CSAs within the DHMH local level structure and those within county government (with documentation of the review by Board of Directors)
- A minimum of five subvendor contracts identified for review. (In the case of Baltimore City and Anne Arundel County a larger sample was taken due to the size and number of contracts)

A total of 19 CSAs provided satisfactory reports and were notified in individualized responses with pertinent supporting comments. On August 29, the Board of Public Works issued a cut targeted to small CSAs with encouragement to consolidate. The Wicomico Somerset Regional CSA became official on October 7, 2009 and was treated as one CSA for the second quarter monitoring; hence, the change to the number 19. Also each CSA received an individual letter (with MHA Management copied) identifying its compliance or noting any outstanding items. Follow-up items were identified, if needed, for submission with the FY 2011's first quarter report. A summary report for each quarter was provided to MHA's Deputy Director for Community Programs and Managed Care, noting particular issues. Both hard copy and electronic files are maintained of the letters and standard instructions sent to the CSAs and are available for review in the MHA Office of CSA Liaison.

Additionally, MHA Office of CSA Liaison participated in the process of review and approval of the CSAs proposed revised timelines for the CSA Plan and Budget Guidelines, which will be used during the CSAs Plan/Budget reviews for FY 2011.

Strategy Accomplishment:
This strategy was achieved**.**

Mental Health Block Grant – Criterion #1
(5-3E)   Adult & Child
MHA and Medicaid will develop state plan, amend regulations, and notify the public on plans to implement Medicaid-reimbursed case management. Once CMS approval is received, MHA, in collaboration with CSAs and the ASO, will implement and monitor the transition from contracted case management services to the fee-for-service system (FFS) for Medicaid recipients and uninsured individuals.

Indicator: State plan request submitted to CMS and approved, regulations
          amended and approved, public notice provided, CSA contracts amended,
          system remains operational, providers enrolled with Medicaid, CSA
          vendors provide case management services, providers' claims paid

Involved Parties: Lissa Abrams, MHA Office of the Deputy Director for
          Community Programs and Managed Care; James Chambers and Penelope
          Scrivens, MHA Office of Adult Services; Brian Hepburn, MHA Office of
          the Executive Director; Alice Hegner, MHA Office of CSA Liaison;
          Randy Price and Karen Allmond, MHA, Office of Administration and
          Finance

Monitor: Lissa Abrams, MHA Office of the Deputy Director for Community
          Programs and Managed Care and Alice Hegner, MHA Office of CSA
          Liaison

FY 2010 activities and status as of 06/30/10 (final report):
On September 1, 2009 MHA, in collaboration with the CSAs and the ASO, implemented and monitored the transition from contracted case management services to the fee-for-service system (FFS) for Medicaid recipients and uninsured individuals. Prior to this, the CSAs participated in the rate development structure for the inclusion of case management as a proposed change for a Medicaid State Plan amendment. In FY 2010, the CSAs were grant-funded for two months under their MOU for contracts with providers, and the remainder of that fiscal year the providers billed under the PMHS FFS System through the ASO.

MHA worked with Medicaid to amend the Medicaid State Plan and regulations for case management and received CMS approval to proceed. The Office of CSA Liaison and the Office of Finance and Procurement issued revised, formal, allocation letters for FY 2010 and initial allocations for FY 2011 to the CSAs in October, 2009.

Information for authorizations will again be reported to the ASO and payment will be based on the level of care that the individual needs in the community.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.4. MHA will develop and implement collaborative training initiatives involving other agencies and stakeholders serving individuals with psychiatric disorders in the PMHS.

                                              Mental Health Block Grant – Criterion #5
(5-4A)   Adult & Child
Provide training designed for specific providers, consumers, family members, and other stakeholders to increase the effectiveness of service delivery within the PMHS.
Indicator: Training agendas developed, minimum of 10 conferences and 20
        training events held, evaluations completed, support for CSA training
        maintained
Involved Parties: Carole Frank and Cynthia Petion, MHA Office of Planning,
        Evaluation, and Training; other MHA staff as appropriate; CSAs; the
        University of Maryland Training Center; ASO; advocacy, family,
        consumer and provider groups
MHA Monitor: Carole Frank, MHA Office of Planning, Evaluation, and Training

FY 2010 activities and status as of 06/30/10 (final report):
MHA, CSAs, the Evidence Based Practice Center (EBPC), advocacy groups, and other agencies of the state participated in planning and presentations. MHA and the University of Maryland Training Center shared primary responsibility for logistical and financial support for SOAR trainings, First Safety, Leadership

Empowerment Advocacy Project training, Annual Cultural Competence event, Youth Suicide Prevention Conference, and MHA Advisory Council reviews, serving more than 830 participants.

The EBPC had several presentations including an ACT conference, trainings on co-occurring issues (including a Supervisors' Academy, serving 21 supervisors with three-day Train-the-Trainer events), and supported employment. EBPC-sponsored events served about 340 individuals. In addition to these, a variety of training modalities was utilized, including Webinars, targeted training events, and regional trainings.

For the first time, a skills training series was offered, coordinated by the Training Center, but paid for entirely by participants. The first series took place in November and December, 2009. The initial 20 participants met for 16 hours of training in Motivational Interviewing. Training agendas were developed and evaluations completed by the Training Center. During the year, about 120 individuals completed six series of this training.

During the past year, training across systems issues, was presented in large and small group settings and through teleconferences targeted at specific populations or providers. In addition to the above mentioned skill-development trainings, close to 30 different types of trainings were presented including conferences addressing issues for individuals across the lifespan. These included activities that promote wellness and recovery, EBPs, trauma-informed care, and consumer and family leadership. In total, Mental Hygiene Administration-sponsored and collaborative events served 6,617 individuals.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5
(5-4B)   Adult & Child
Facilitate cross-training activities in cooperation with the three administrations under the DHMH Deputy Secretary for Behavioral Health and Disabilities: Alcohol and Drug Abuse, Developmental Disabilities, and Mental Hygiene.
Indicator: Training agendas developed, evaluations completed, feedback from other administrations submitted
Involved parties: Pat Miedusiewski, DHMH, state program administrator for co-occurring disorders; Carole Frank and Cynthia Petion, MHA Office of Planning, Evaluation, and Training; other MHA staff as appropriate; DHMH Office of the Deputy Secretary for Behavioral Health and Disabilities; CSAs; the University of Maryland Training Center and Evidence-Based Practice Center; directors of training from the Alcohol and Drug Abuse and the Developmental Disabilities administrations; advocacy, family, consumer and provider groups
MHA Monitor: Pat Miedusiewski, DHMH, State Program Administrator for Co-occurring Disorders

FY 2010 activities and status as of 06/30/10 (final report):
Four regional behavioral health forums were held in FY 2010 to acquaint the three administrations with each others' systems, functions, and resources. Evaluations from forum participants were favorable with the end result focused on a better understanding of co-occurring behavioral health and disability issues.

The three administrations were charged with facilitating cross-training efforts. One of the first projects was to adapt a curriculum from southern Maine combining mental health and substance abuse, to include developmental disabilities. This adapted curriculum now serves as the basis for the Supervisors' Academy - a Train-the-Trainer program for 21 supervisors representing three administrations: Alcohol and Drug Abuse (ADAA), Developmental Disabilities (DDA), and Mental Hygiene (MHA). This program consists of monthly full-day training sessions. The sessions began in April 2010, and three sessions were completed in FY 2010. The academy will be completed in the spring of 2011.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #1 & 5
(5-4C)   Child

The Child and Adolescent Mental Health Workforce Committee, chaired by
MHA and MSDE, will develop a mental health training model for educators and
continue development and delivery of curricula for training of staff in child
mental health professions based on established core competencies.
Indicators:
- New training modules developed and marketed for undergraduate and
    graduates prepared individuals to receive CEUs via Web-based
    educational technology
- Certificate programs in specialized staff concentrations designed and
    marketed for undergraduate and graduate – prepared individuals
- Modules refined for utilization in existing master's degree programs (such as
    the School of Social Work) and for award of CEUs via Web-based
    technology
- Retention and Recruitment Plan developed and prioritized for implementation
- Mental Health Training Model for educators developed to assist them in
    working with children with mental health needs and their families
Involved parties: MHA Office of Child and Adolescent Services; MSDE; the
        Maryland Child and Adolescent Mental Health Institute; professional
        schools representing higher education; the Maryland Coalition of Families
        for Children's Mental Health; The Mental Health Transformation
        Workforce Workgroup; provider agencies; local school systems
MHA Monitor: Al Zachik, MHA Office of Child and Adolescent Services

FY 2010 activities and status as of 06/30/10 (final report):
In an effort to address the increasing need for qualified professionals and
paraprofessionals to serve children with mental health needs and their families,
DHMH, in collaboration with the Maryland State Department of Education
(MSDE), convenes the Maryland's Child and Adolescent Mental Health
Workforce Development Steering Committee. It is comprised of 50 members
which include consumers, families, trainees, representatives of state and local
agencies, higher education, public and non public schools, and providers of
services. The committee strives to assist in:
- The development of core competencies
- Strategies and recommendations to assure the efforts to address
    recruitment and retention issues
- Quality training of children's mental health workforce
- A uniformity of Maryland standards across equivalent training programs
- Effective credentialing of children's mental health providers in the state

A set of core competencies in child and adolescent mental health has been
developed to be utilized in Web-based curricula and in the classrooms of
Maryland colleges and universities. These modules have been developed and
field tested for utilization in existing master's degree programs, available via

Web-based technology through the University of Maryland's Innovations Institute Web site. These curricula are also being used for continuing education and in-service training for the existing workforce. Mental health training model/competencies have been developed and approved. Additional modules are in the development phase. A number of specialized curricula have also been developed and will be offered in Web-based formats in undergraduate and graduate programs and for continuing education units in upcoming years.

The Early Childhood Mental Health (ECMH) Certificate Program offers specialized training to master-level clinicians in core knowledge, skills, and attitudes necessary for practicing in the field of early childhood mental health. Five groups graduated over the course of FY 2010. As of the end of FY 2010, 120 participants have completed the ECMH Certificate course and received a certificate of completion from the University of Maryland School of Medicine's Division of Child and Adolescent Psychiatry. Training may be expanded to Bachelor-level participants in FY 2011.

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #5

(5-4D)   Adult & Child

MHA, in collaboration with CSAs, will provide training for law enforcement officers, other public safety officials, and corrections personnel regarding the management of crises involving individuals who appear to have a mental disorder and are charged with offenses or suspected of criminal involvement or juvenile delinquency.

Indicator: Training agenda developed, a minimum of four trainings completed, correspondence and information disseminated, attendance at meetings
Involved Parties: Larry Fitch and Dick Ortega, MHA Office of Forensic Services; CSAs; local and state police; detention center staff; sheriffs' office staff
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2010 activities and status as of 06/30/10 (final report):
In FY 2010, MHA, in collaboration with law enforcement agencies and local crisis response systems, offered five police trainings conducted in various settings in different regions of the state. Four trainings regarding the management of crises involving persons suspected of committing an offense who appear to have a mental illness were held at the Baltimore Police Academy in Baltimore City and in Cecil County for officers and other public safety officials, clinicians, and civilians. A total of 228 professionals and other stakeholders were trained.

These trainings addressed the use of emergency petitions, approaching persons with mental illnesses, the field interview of a person with a mental illness, dealing with the suicidal individual, individuals with post-traumatic stress disorder (PTSD); and treatment resources for active duty personnel and veterans.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.5. MHA, in collaboration with CSAs and the Administrative Services Organization (ASO) and key stakeholders, will review PMHS operations to provide services within allocated budgets.

Mental Health Block Grant – Criterion #5

(5-5A)   Adult & Child

Review MHA's budget and PMHS expenditures and services; implement corrective actions, as needed, to maintain operations within allocation**.**

Indicator: Quarterly expenditure management plans developed and reviewed, regular meetings with MHA facility chief executive officers held, expenditures and needs reviewed by clinical directors and financial officers

Involved Parties: Brian Hepburn, MHA Office of the Executive Director; Randolph Price, MHA Office of Administration and Finance; Gayle Jordan-Randolph, MHA Office of the Clinical Director; MHA Facility CEOs; clinical directors and financial officers

MHA Monitor: Brian Hepburn, MHA Office of the Executive Director and Randolph Price, MHA Office of Administration and Finance

FY 2010 activities and status as of 06/30/10 (final report):
Following the installation of the new ASO in September, 2009, MHA and the ASO reviewed weekly and quarterly expenditure and utilization reports to ascertain trends in service delivery and/or spending. This information is used to develop strategies for managing the budget, amending current MHA policies as needed, and correcting any problems that may be identified. Additionally, the CSAs routinely review various Crystal Reports detailing claims and utilization for consumers and providers within their respective counties.

The current economic crisis has had a significant impact on the State of Maryland. With declining state revenues and increasing demands for services, the state budget and the PMHS have been challenged. In FY 2010, MHA faced three rounds of budget cuts. PMHS service utilization increased while the MHA budget was reduced. Within MHA, a strategic decision was reached to take its share of the budget reductions from the state hospital budgets, which included facility downsizing and closures. Other cost containment measures included fee-for-service reductions, and reductions in CSA administrative grants.

Other efforts that continue to be monitored in the PMHS include the review of individuals who are uninsured to determine if applicable entitlement benefits have been received. This includes the Primary Adult Care (PAC) program. Uninsured individuals enrolled in the PAC now have Medical Assistance (MA) coverage for most mental health care (excluding hospital emergency room service, inpatient, and outpatient hospital-based services).

A significant result of the current budget processes is a long-term, ongoing trend to promote less costly community-based services while continuing to meet the expanding demand for PMHS services. This results in a lower average cost per individual consumer served and is reflected in the various utilization data reports monitored by MHA and the CSAs.

Strategy Accomplishment:
This strategy was achieved.

(5-5B)
Establish uniform standards, practices and outcomes for the Maryland Community Criminal Justice Treatment Program (MCCJTP) and Trauma, Addiction, Mental Health, and Recovery (TAMAR) Programs and monitor the delivery of mental health and trauma-based services provided to individuals incarcerated in local detention centers who have a mental illness.
Indicator: Uniform standards, practices, and outcomes developed; technical
        assistance provided; monitoring implemented; meeting minutes
        disseminated
Involved Parties: Marian Bland and Darren McGregor, MHA Office of Special
        Needs Populations; MHA Office of Forensic Services; MHA Office of
        CSA Liaison; other MHA staff; CSAs
MHA Monitor: Marian Bland and Darren McGregor, MHA Office of Special
        Needs Populations

FY 2010 activities and status as of 06/30/10 (final report):
MHA, through TAMAR and the Maryland Community Criminal Justice Treatment Program (MCCJTP), continues to collaborate with local leaders of mental health and correction services to identify, assess, and provide interventions to justice-involved individuals with mental illness and substance abuse. MHA's program development and technical assistance has helped expand services for this population in the community.

MCCJTP identified over 8,000 individuals from 22 local detention centers with mental illness. Nearly 6,700 individuals received one or more interventions. Also, TAMAR indentified nearly 600 individuals from eight local detention centers who presented with trauma and mental illness and/or substance addictions. Five hundred and seventy-three individuals were eligible for treatment. Individual sessions numbered 2,745 and 691 group sessions were conducted. Data submitted by trauma specialists each month used input from the 16-item TAMAR intake form.

The standards, practices, and outcomes that were developed for MCCJTP, adopted by all participating jurisdictions, were implemented February 2010 and are being incorporated into each jurisdiction's Condition of Award. Although the project is meeting target goals within each region, it is being restructured to standardize practices and outcomes for participating jurisdictions across the state. MCCJTP data collection tools have been updated and completed forms will be collected quarterly from providers using the MCCJTP Data Collection Tool. TAMAR's treatment manual has been restructured to serve as an educational manual and was disseminated to participating jurisdictions. The manual includes newly standardized screening tools, lesson plans, and aftercare plans. TAMAR eligibility criteria have also been modified to broaden the definition of trauma from PTSD to adverse experiences. The number of veterans served through TAMAR will continue to be tracked.

MHA's Office of Special Needs Populations collaborated with MHA's Office of Forensic Services (OFS) to offer trauma and trauma-informed care training during the OFS Annual Symposium.

Strategy Accomplishment:
This strategy was achieved.

Objective 5.6. MHA, in collaboration with CSAs, state facilities, the administrative services organization (ASO), and key stakeholders, through a variety of approaches will evaluate and improve the appropriateness, quality, efficiency, cost effectiveness, and outcomes of mental health services within the PMHS.

Mental Health Block Grant – Criterion #5

(5-6A)   Adult & Child

Continue to monitor the implementation of the Outcomes Measurement System (OMS), including transition of multiple, complex aspects of this initiative to the new ASO.

Indicator: Modifications to OMS questionnaires finalized; multiple, complex programming and testing tasks needed for successful integration of the OMS questionnaires into the ASO service authorization system completed; successful transfer of the OMS data from the former ASO to the new ASO; implementation of OMS monitoring reporting and feedback mechanisms; tasks reestablished, including OMS expenditure analysis, review of provider utilization rates, and review of provider questionnaire completion rates; resolution of identified problems; interactive OMS Web-based system reestablished with refinements; continued development of analytical structures, displays, and reports that measure and reflect change-over-time analyses at the state, CSA, and provider levels

Involved Parties: Sharon Ohlhaver, MHA Office of Quality Management and Community Programs; Brian Hepburn, MHA Office of the Executive Director; Sheba Jeyachandran, MHA consultant; MHA Management Committee; ASO; CSAs; University of Maryland Systems Evaluation Center (SEC); CBH; provider, consumer, family, and advocacy groups

MHA Monitor: Sharon Ohlhaver, MHA Office of Quality Management and Community Programs

FY 2010 activities and status as of 06/30/10 (final report):
With the selection of a new ASO vendor, many OMS transition-related tasks were needed and the following tasks were completed: modifications to OMS questionnaires; revision of the *OMS Interview Guide*; multiple, complex programming and extensive testing needed to ensure successful integration of the OMS questionnaires into the ASO's service authorization system; successful transfer of the OMS data from the former ASO to the new ASO; and resolution of identified OMS implementation issues. In addition, there was continued development of analytical structures, displays, and reports that measure and reflect change-over-time analyses at the state, CSA, and provider levels. CSA-level outcome reports were distributed to all CSAs and providers were offered the opportunity to request outcomes data for their own programs (18 provider organizations requested data, resulting in the distribution of 34 program-level OMS outcome reports). Similar to the previous year, a PowerPoint presentation of OMS outcomes data was developed for MHA's budget analyst and subsequently posted on the ASO's Web site.

Work has begun on development of re-implementation of regular OMS monitoring, reporting, and feedback mechanisms, including OMS expenditure analysis, review of provider utilization rates, and review of provider questionnaire completion rates. A preliminary analysis of FY 2010 expenditures related to OMS was completed with data through March 31, 2010; the analysis confirms the previous trend that increased expenditures are primarily related to an increased number of individuals receiving services and not implementation of the OMS authorization process. Ten providers were identified as high utilizers, resulting in letters to those programs and a modification in how services are authorized. Questionnaire completion rates are automatically calculated as one of the enhancements in the ASO's authorization system.

Strategy Accomplishment:
This strategy was achieved.

                                   Mental Health Block Grant – Criterion #5
(5-6B)   Adult & Child
Continue the annual statewide client perception of care surveys of adults and parents/caretakers of children and youth regarding their experiences with PMHS services.
Indicator: Data analysis of FY 2009 survey results completed; percentage of adult consumers who report that they deal more effectively with daily problems and percentage of parents/caretakers who report that their child is better able to control his/her behavior (percentages based on respondents who agree and strongly agree) included in MHA's Managing for Results (MFR) submission; FY 2010 survey conducted
Involved Parties: Sharon Ohlhaver, MHA Office of Quality Management and Community Programs; Cynthia Petion, MHA Office of Planning Evaluation, and Training; Randolph Price, MHA Office of Administration and Finance; ASO
MHA Monitor: Sharon Ohlhaver, MHA Office of Quality Management and Community Programs

FY 2010 activities and status as of 06/30/10 (final report):
Data analysis of the FY 2009 Consumer Perception of Care (CPOC) survey results was completed. A detailed survey report, an executive summary report, and trifold brochures were finalized and disseminated in December 2009. Results of the CPOC surveys, including percentage of adult consumers who report that they deal more effectively with daily problems and percentage of parents/caretakers who report that their child is better able to control his/her behavior (percentages based on respondents who agree and strongly agree) continue to be incorporated into MHA's MFR budget submission process and the required annual reporting in the Federal Block Grant Uniform Reporting System (URS) tables.

The CPOC survey for FY 2010 was also conducted. In addition, a legislative audit on DHMH MFR Performance Measures included a review of one of the

CPOC measures. Any recommendations that result from that audit will be incorporated into future CPOC implementation processes.

Strategy Accomplishment:
This strategy was achieved.

(5-6C)
Enhance capacity for stakeholders to utilize PMHS data to measure service effectiveness and outcomes.

Indicator: Access to data increased to develop standard and ad hoc reports, input gathered from stakeholders on the practicality and efficacy of reports, technical assistance and regional trainings held as necessary, reports generated, public domain Web site launched making PMHS demographic data available to users outside of state agencies, data liaison between MHA and CSAs created to evaluate current data system and to fabricate data reports used for the purpose of policy and planning by CSAs and other stakeholders

Involved Parties: Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; MHA Management Committee; ASO; the University of Maryland Systems Evaluation Center (SEC); CSAs; the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council; provider, consumer, family, and advocacy groups

MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

FY 2010 activities and status as of 06/30/10 (final report):
In October 2009, the MHA transitioned to a new Administrative Service Organization (ASO). ValueOptions (VO) was contracted to monitor, collect data on, and make payments for the Public Mental Health System (PMHS). Historical data from prior ASOs were transferred into the new system and VO began making payments to providers and authorizing services to consumers. With the change in MHA's ASO vendor, there were many transition tasks related to Maryland's Outcomes Measurement System (OMS), developed to collect information on individuals, ages 6-64, who are receiving outpatient mental health treatment services. These changes included revising the OMS interview instruments and Interview Guide, and developing detailed specification documents outlining the complex OMS business requirements for the new ASO to implement as part of its service authorization system. With the guidance of key MHA staff and various stakeholders, VO has updated the OMS system and the process for releasing OMS data to CSAs and PMHS providers has been restored.

Enhanced utilization of the PMHS was achieved through data trainings coordinated by the System Evaluation Center (SEC). Technical assistance was provided by MHA to the CSAs in the areas of data access and analysis; ad hoc reports were developed to match data requests to fulfill special needs.

A stakeholders' forum was held mid-year in which data usage and analysis were key topics of discussion. Representatives from various community and state positions reviewed the current data system and critiqued its function and output while offering other ways to refine the system.

Other efforts are being made to further refine the PMHS system and improve access of data to all stakeholders. The MHA Office of Management Information System (MIS) heads two monthly data-centered meetings. Representatives from MIS and the MHA Office of Planning, Evaluation, and Training attend, as do ASO, SEC and CSA members. The monthly meetings are used as a vehicle to: filter data-specific information to all interested stakeholders; review and approve developed standard reports; and allow committee members the opportunity to make suggestions for the overall enhancement of the PMHS data system. Also, the MIS office is represented at the monthly meeting of the Maryland Association of Core Service Agencies (MACSA) to update committee members of current and future projects affecting the PMHS data system.

Strategy Accomplishment:
This strategy was achieved.

(5-6D)
Monitor the delivery of forensic services, generate statistical information to promote system efficiency, accountability, and public awareness.
Indicator: The number and results of court-ordered evaluations, the number and percentage of individuals in DHMH facilities on court order, and the number and success of consumers on court-ordered conditional release in the community, reports submitted to MHA Management Committee, the CSAs, and the Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council
Involved Parties: Larry Fitch, Debra Hammen, Dick Ortega, and Jo Anne Dudeck, MHA Office of Forensic Services; MHA facilities; Interagency Forensic Services Committee – Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2010 activities and status as of 06/30/10 (final report):
Ongoing monitoring of more than 750 consumers on pre-trial and conditional release continued in FY 2010, including reports to the State's Attorney, as appropriate. OFS staff, in collaboration with the CSAs, collected data and outcomes for approximately 1,200 adult community-based court-ordered pre-trial evaluations, 115 presentence psychiatric evaluations, 40 presentence sex offender evaluations, and 120 juvenile court competency to proceed evaluations. These results were reported in FY 2010 to assist the CSAs and other PMHS leadership in planning efforts. It has been noted that the arrest rate for people on conditional

release from a MHA facility, after being found not criminally responsible (NCR), was less than three percent, which is lower than the arrest rate for the general population (about 4.4%).

Strategy Accomplishment:
This strategy was achieved.

Goal VI: Technology is Used to Access Mental Health Care and Information.

Objective 6.1. MHA, in collaboration with CSAs, ASO, and state facilities will analyze reports on consumer demographics, service utilization, expenditures, and other appropriate cost data to improve the efficiency and effectiveness of the operations of the mental health system.

Mental Health Block Grant – Criterion #2

(6-1A)   Adult & Child

Enhance PMHS data collection and monitoring through continued activities to develop and/or refine management information systems.

Indicator: Technical aspects of management information systems refined, logic of reports enhanced to reflect recovery orientation and more efficient use of service data, accuracy and usefulness of current reports identified; promotion of Web-based OMS datamart for access to point in time and change over time information continued, data utilized to enhance the Joint Commission submissions, additional funding explored to sustain development and implementation; social media outlets explored to promote public mental health awareness and improve communication among MHA, CSAs, providers, advocates

Involved Parties: Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Brian Hepburn, MHA Office of the Executive Director; Sharon Ohlhaver, MHA Office of Quality Management and Community Programs; Cynthia Petion, MHA Office of Planning, Evaluation, and Training; the University of Maryland SEC; DHMH's Information Resource Management Administration; MA; CSAs; ASO; providers

MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

FY 2010 activities and status as of 06/30/10 (final report):

On September 1, 2009, MHA transitioned to a new Administrative Service Organization (ASO), ValueOptions (VO), which was contracted to monitor, collect data, and make payments for the PMHS. Historical data from prior ASOs were transferred into the new system and VO began making payments to providers, authorizing services to consumers, and began the process of validating all historical and newly gathered data.

As noted in strategy 5-6A, other activities included the revision of Maryland's Outcome Measurement System (OMS), which involved continued development of analytical structures, displays, and reports that measure and reflect change-over-time analyses at the state, CSA, and provider levels. Once the validation phase has been completed, the data mart will be relaunched in the public domain

for all stakeholders to access statewide point-in-time OMS data. Also, efforts will be made in FY 2011 to further enhance logic reports to reflect the system's focus on recovery.

In response to the charge led through SAMHSA's Data Infrastructure Grant (DIG), MHA has continued efforts to gather outcome-specific measures at the individual client level. MHA, in collaboration with the Systems Evaluation Center (SEC), has begun to refine and advance the use of information systems towards collecting this data. The MHA has worked to gather federally outlined outcomes, as well as those conceived by the MHA.

The transition to a new ASO has afforded MHA the opportunity to "fine tune" its past data reports. The greater part of FY 2010 has been spent validating and creating data reports for future release. Each report, prior to its release, is being assessed for its practicality and efficacy. As the various data committees meet throughout the year they will continue to critique and make recommendations to complete the assessment of all data reports.

Also in FY 2010, MHA's Office of Management Information Systems and Data Analysis prepared a presentation to Executive Management Staff regarding the positive use of the growing social media outlets. The presentation more specifically centered on the use of Twitter as a means of disseminating mental health data and news to stakeholders and the public at large. Management staff is in the process of deciding on next steps to enter MHA into the social media arena.

Strategy Accomplishment:
This strategy was partially achieved.

(6-1B)
Maintain accreditation of MHA facilities by the Joint Commission (formerly the Joint Commission on the Accreditation of Healthcare Organizations).
Indicator: All MHA facilities accredited
Involved Parties: Arlene Stephenson, MHA Office of the Deputy Director for
        Facilities Management and Administrative Operations; Brian Hepburn,
        MHA Office of the Executive Director; Gayle Jordan-Randolph, MHA
        Office of the Clinical Director; MHA Management Committee; MHA
        Facility CEOs; appropriate facility staff
MHA Monitor: Arlene Stephenson, MHA Office of the Deputy Director for
        Facilities Management and Administrative Operations

FY 2010 activities and status as of 06/30/10 (final report):
In this climate of fiscal constraints and the continuous challenge to "do more with less" all seven facilities have maintained their accreditation status. The state psychiatric facilities are significant participants, along with the acute general hospitals and the private psychiatric hospitals, in the provision of psychiatric

inpatient care in Maryland. Staff at each of the facilities participate in regular trainings to keep current with changes in Joint Commission standards. MHA Management Committee and facility administration will continue the monitoring of continuous quality improvement initiatives.

Strategy Accomplishment:
This strategy was achieved.

Objective 6.2. MHA in collaboration with CSAs, other agencies/statewide systems, and key stakeholders, will explore application of technology to improve service delivery for consumers.

(6-2A)
Monitor the status of all individuals - adults and juveniles - who are court-committed to DHMH for evaluation or treatment.
Indicator: Database for approximately 2700 screenings and evaluations maintained, Hospital Management Information System (HMIS) database on all court-committed individuals updated, Community Forensic Aftercare Program (CFAP) database on all individuals on court-ordered conditional release maintained; data reports submitted to MHA Management and the CSAs
Involved Parties: Larry Fitch, Debra Hammen, Jo Anne Dudeck, and Robin Weagley, MHA Office of Forensic Services; DHMH staff; CSAs
MHA Monitor: Larry Fitch, MHA Office of Forensic Services

FY 2010 activities and status as of 06/30/10 (final report):
MHA's Office of Forensic Services (OFS) staff collected and analyzed statistical information and monitored the status of all individuals who were court-committed to DHMH for evaluation or treatment, using its own database as well as the Hospital Management Information System (HMIS) database.

Approximately 65 percent of patients in MHA facilities during FY 2010 were forensic patients, including approximately 400 committed as Not Criminally Responsible, nearly 300 committed as Incompetent to Stand Trial, between 50 and 75 committed for evaluation, and a handful civilly certified from jails and prisons. Reports on defendants who are committed as Incompetent to Stand Trial are submitted to OFS monthly.

Additionally, MHA completed 137 Juvenile Competency Evaluations. Only 18 of these evaluations were conducted on an inpatient basis. OFS staff provided oversight to seven community providers working with youth toward competency attainment and one provider working in a residential treatment center.

Strategy Accomplishment:
This strategy was achieved.

Objective 6.3. MHA, in collaboration with CSAs, the ASO, and key stakeholders, will promote the use of Web-based technology as a tool to improve information sharing, data collection, training, evaluation and performance, and outcome measurement.

Mental Health Block Grant – Criterion #5

(6-3A)   Adult & Child

Promote use of Web-based resources to educate the public and extend and improve training resources for consumers, family members, mental health professionals, and other stakeholders.

Indicator: Increased use of Webinars for training, planning, and outreach to youth; list of Web-based resources prepared and disseminated statewide by MHA Recovery Committee

Involved Parties: Carole Frank, MHA Office of Planning, Evaluation, and Training; MHA Recovery Committee; University of Maryland Training Center; ASO; advocacy, family, consumer, and provider groups; CBH

MHA Monitor: Carole Frank, MHA Office of Planning, Evaluation, and Training

FY 2010 activities and status as of 06/30/10 (final report):
A list of Web-based Recovery courses, available from Essential Learning, was distributed and posted on the MHA Web site.

Also, Webinars were offered on the following topics:
- CSA guidelines
- Best practices in documentation for fidelity assessments
- Facilitating a Webinar
- Assertive community treatment booster
- Family Psycho-Education problem solving
- Co-occurring disorders follow-up

Approximately 180 individuals participated in the Webinars. The Webinars' interactive format is conducive to optimal learning conditions with reduced requirements for long distance travel resources.

Although Webinars for youth may be considered for the future, social networking technology such as Twitter or Facebook have been found to be more youth-friendly when the goal is outreach or engagement. Thus, Youth MOVE Maryland has established a Facebook page which allows hundreds of comments at a time on current happenings and gives information on new laws, system of care, e-smart technologies, etc. from the perspectives of young people. The Facebook site shows input/hits from a diverse group of individuals both in the United States and abroad. (www.facebook.com/YouthM.O.V.E.Maryland)

Strategy Accomplishment:
This strategy was achieved.

Mental Health Block Grant – Criterion #4

(6-3B)   Adult & Child

In collaboration with the CSAs, improve implementation and provide training for consumers at the county-level on Network of Care, a Web-based platform, which provides information, resource directories, and on-line availability of personal health record information, including advance directives.

Indicator: Web-based platform purchased and installed throughout Maryland, utilization of site tracked, improved user friendliness, mental health community informed regarding availability of Web system, consumers trained in the utilization of personal health record feature, training in use of individual advance directives provided, continued use and promotion of Network of Care especially through Wellness and Recovery Centers, focus groups continued, Network of Care promoted within veteran community and families

Involved Parties: Susan Bradley, MHA Office of Management Information Systems and Data Analysis; Clarissa Netter, MHA Office of Consumer Affairs; MHTO; Anne Arundel County CSA; Maryland Association of Core Service Agencies (MACSA); OOOMD; MHAMD; NAMI MD; local providers in each jurisdiction

MHA Monitor: Susan Bradley, MHA Office of Management Information Systems and Data Analysis

FY 2010 activities and status as of 06/30/10 (final report):
Network of Care continues to operate throughout the state providing community specific mental health service and information to the public. The Network of Care module designed for veterans, service members, and their families continues to expand in terms of both content and functionality. CSAs continue to promote the use of Network of Care as a major link to services in their communities.

In FY 2010, Network of Care expanded its Web site functions. The Network of Care now operates as a Personal Health Record for its users as a valuable method to store and share personal health records in a secure Web environment. A new module to the Network of Care is the social networking platform created for all Network of Care sites to communicate and share information/data/files with other individuals. Social Network of Care provides the user with the opportunity to share blogs and create forums and groups. Creating a group is an excellent vehicle to connect people throughout the state either in private or public settings. Many types of groups have already been established such as support groups, aging and mental health commission groups, etc.

Through Network of Care, staff are trained using applications which update the Service Directory and other listings. Managing a current Service Directory maintains the relevancy and maximizes the potential of the site.

Strategy Accomplishment:
This strategy was achieved.

Appendix

<u>Acronyms</u>

ACT	Assertive Community Treatment
ADAA	Alcohol and Drug Abuse Administration
ARRA	American Recovery and Reinvestment Act
ASO	Administrative Services Organization
CBH	Community Behavioral Health Association of Maryland
CCISC	Comprehensive Continuous Integrated Systems of Care
CEO	Chief Executive Officers
CIL	Center for Independent Living
CLCTI	Cultural and Linguistic Competence Training Initiative
CME	Care Management Entity
CMHS	Center for Mental Health Services
CMS	Center for Medicare/Medicaid Services
COOP	Continuity of Operations Plan
CPOC	Consumer Perception of Care
CSA	Core Service Agency
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
CQT	Consumer Quality Team
DDA	Developmental Disabilities Administration
DHCD	Maryland Department of Housing and Community Development
DHMH	Maryland Department of Health and Mental Hygiene

DHR	Maryland Department of Human Resources
DJS	Maryland Department of Juvenile Services
DORS	Division of Rehabilitation Services
DPSCS	Maryland Department of Public Safety and Correctional Services
DSS	Department of Social Services
EBP	Evidence-Based Practice
EBPC	Evidence-Based Practice Center
ECMH	Early Childhood Mental Health
EID	Employed Individuals with Disabilities
EMTALA	Emergency Medical Treatment and Labor Act
EN	Employment Network
FHA	Family Health Administration
FFS	Fee-for-service system
FPE	Family Psycho-education
GOC	Governor's Office for Children
HB	House Bill
HCBS	Home and Community-Based Services
HPRP	Homelessness Prevention and Rapid Re-Housing Program
HCRCC	Health Care Reform Coordinating Council
HSCRC	Health Services Cost Review Commission
HUD	Housing and Urban Development
ICS	Incident Command System

IDDT	Integrated Dual Diagnosis Treatment
LEAP	Leadership Empowerment and Advocacy Project
LMB	Local Management Board
LMHAC	Local Mental Health Advisory Committee
MA	Medical Assistance or Medicaid
MACSA	Maryland Association of Core Service Agencies
MARFY	Maryland Association of Resources for Families and Youth
MART	Multi-Agency Review Team
MCCJTP	Maryland Community Criminal Justice Treatment Program
MCLC	Maryland Consumer Leadership Coalition
MCO	Managed Care Organization
MDLC	Maryland Disability Law Center
MDoA	Maryland Department of Aging
MDOD	Maryland Department of Disabilities
MFI	Money Follows the Individual
MFP	Money Follows the Person
MFR	Managing for Results
MHA	Mental Hygiene Administration
MHAMD	Mental Health Association of Maryland, Inc.
MHCC	Maryland Health Care Commission
MHCJP	Mental Health and Criminal Justice Partnership
MHEN	Mental Health Employment Network
MHFA	Mental Health First Aid

MHT-SIG	Mental Health Transformation State Incentive Grant
MHTO	Mental Health Transformation Office
MIS	Management Information System
MOU	Memorandum of Understanding
MT	Mobile Treatment
MSDE	Maryland State Department of Education
NAMI MD	National Alliance on Mental Illness-Maryland
NIMS	National Incident Management System
OCA	Office of Consumer Affairs
ODHH	Governor's Office of the Deaf and Hard of Hearing
OFS	Office of Forensic Services
OHCQ	Office of Health Care Quality
OMHC	Outpatient Mental Health Clinic
OMS	Outcome Measurement System
OOOMD	On Our Own of Maryland, Inc.
PAC	Primary Adult Care
PATH	Projects for Assistance in Transition from Homelessness
PCIS	Provider Consumer Information System
PHA	Public Housing Authorities
PHTSY	Psychiatric Hospitalization Tracking System for Youth
PMHS	Public Mental Health System
PPACA	Patient Protection and Affordable Care Act (also referred to as Affordable Care Act [ACA])
PRP	Psychiatric Rehabilitation Program

PRTF	Psychiatric Residential Treatment Facility
PTSD	Post-Traumatic Stress Disorder
RRP	Residential Rehabilitation Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SCYFIS	State Children, Youth and Family Information System
SDC	Self–Directed Care
SE	Supported Employment
SEC	Systems Evaluation Center
SED	Serious Emotional Disorders
SMI	Serious Mental Illness
SOAR	Supplemental Social Security, Outreach, Access, and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TAC	Technical Assistance Collaborative, Inc.
TAMAR	Trauma, Addiction, Mental Health, and Recovery
TAY	Transition-Age Youth
TBI	Traumatic Brain Injury
TRP	Training Resource Program
TTW	Ticket-To-Work
U.S.	United States
VA	Veterans' Administration
VO	ValueOptions

WRAP   Wellness Recovery Action Plan

Youth MOVE   Youth Motivating Others through Voices of Experience